

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

TITLE ORDER NO. _____

ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GRANT DEED

TRA: _____

APN: _____

The undersigned grantor(s) declare(s)

DOCUMENTARY TRANSFER TAX \$ _____
computed on full value of property conveyed, or
computed on full value less liens and encumbrances remaining at time of sale.
Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) _____

(NAME OF GRANTOR(S))

hereby remise, release and grant to _____

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of _____,
State of _____.

(Insert Legal Description)

DATED: _____

Name

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Name

STATE OF CALIFORNIA }
COUNTY OF _____ }

On _____ before me, _____ personally appeared
(here insert name and title of the officer)

_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)