

RECORDING REQUESTED BY:

APN:

When Recorded Mail Document and Tax Statements to:

SPACE ABOVE THIS LINE IS FOR

Grant Deed

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is

☐ computed on full value of property conveyed, or

☐ computed on full value less of liens and encumbrances remaining at time of sale.

☐ Unincorporated area: ☐ City of

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby GRANT(S) to

that property in

Date: _____

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.

State of _____
County of _____

On _____ before me, _____ a Notary Public, personally appeared _____, 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: _____

Name: _____
(Typed or Printed)

(Seal)