RECORDING REQUESTED BY

Name

Street Address

City & State Zip

Title Order No.

Escrow No.



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

0-00-0	
THE UNDERSIGNED GRANTOR (S) DECLARE (S)	
DOCUMENTARY TRANSFER TAX IS \$ unincorporated area City of	
Parcel No computed on full value of interest or property conveyed, or computed on full value less value of liens or encumbrances remaining at time of sale, and	
FOR A VALUABLE CONSIDERATION,	receipt of which is hereby acknowledged,
hereby GRANT(S) to	
the following described real property in the	
county of , state of California	
Dated	
STATE OF CALIFORNIA COUNTY OF	
Onbefore me,	
(here insert name and title of the officer)	
, 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	(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name Street Address City & State