RECORDING REQUESTED BY

WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO

NAME

ADDRESS

CITY
STATE & ZIP

GRANT DEED

TITLE ORDER NO. **ESCROW NO.** **APN NO.**

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $_____ CITY TAX $_____
❑ Computed on full value of property conveyed, or ❑ computed on full value less value of liens or encumbrances remaining at time of sale,
❑ Unincorporated area: City of _____, 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 } S.S.

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

WITNESS my hand and official seal.

Signature_____