

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO

NAME

ADDRESS

CITY
STATE & ZIP

Escrow No. _____

PARTNERSHIP GRANT DEED

APN NO:

DOCUMENTARY TRANSFER TAX \$ _____
CITY TRANSFER TAX \$ _____

- Computed on the consideration of value of property conveyed; OR
- Computed on the consideration or value less liens or encumbrances remaining at time of sale.

Signature of Declarant or agent

By this instrument dated _____, for a valuable consideration,
 _____ a Partnership
 organized under the laws of _____
 hereby GRANTS to

the following described Real Property in the State of California, County of _____
City of _____

Dated _____

By _____

By _____

STATE OF CALIFORNIA
COUNTY OF _____ } SS.

On _____, _____ before _____ me,
_____ personally appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to 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 _____

GRDEEDPT.DOC