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	The undersigned grantor(s) declare(s) DOCUMENTARY TRANSFER TAX \$
TRA:	computed on full value of property conveyed, or
APN:	computed on full value less liens and encumbrances remaining at time of sale. Unincorporated Area City of
FOR VALUABLE CONSIDERATION, receipt of white	ch is hereby acknowledged, I (We)
	(NAME OF GRANTOR(S))
hereby remise, release and grant to	
	(NAME OF GRANTEE(S))
	,County of
State of (Insert Legal Description)	
DATED:	Nama
A notary public or other officer completing this ce	Name
verifies only the identity of the individual who sig	ned the Name
document to which this certificate is attached, and the truthfulness, accuracy, or validity of that docu	nd not
·	
STATE OF CALIFORNIA } COUNTY OF }	
Onbefore me,	personally appeared
	,
and acknowledged to me that he/she/they exec	dence to be the person(s) whose name(s) is/are subscribed to the within instrument suted the same in his/her/their authorized capacity(ies), and that by his/her/their e 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.	
Circoture	
Signature	(SEAL)