

RECORDING REQUESTED BY

MAIL TAX STATEMENT TO

WHEN RECORDED MAIL TO

NAME ADDRESS	
CITY STATE ZIP	

Order No.
Escrow No.

DOCUMENTARY TRANSFER TAX \$ _____
 _____ COMPUTED ON FULL VALUE OF PROPERTY CONVEYED, OR
 _____ COMPUTED ON FULL VALUE LESS LIENS & ENCUMBRANCES
 REMAINING THEREON AT TIME OF SALE

(PARTNERSHIP)
GRANT DEED

 Signature of declarant or agent determining tax - Firm Name

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

partnership organized under the laws of the State of _____
hereby GRANTS to

the following described real property in the City of _____
County of _____, State of California.

STATE OF CALIFORNIA }
COUNTY OF _____ }SS

On _____
 before me, Notary Public, 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.

By: _____

WITNESS my hand and official seal.

By: _____

Signature _____ (Seal)

NAME (TYPED OR PRINTED)

(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____