

RECORDING REQUESTED BY:

When Recorded Mail Document
and Tax Statement To:

Escrow No.
Title Order No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN:

QUITCLAIM DEED

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 _____

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

hereby remises, releases and quitclaims to

the following described real property in the City of
County of

State of California:

DATED: _____

STATE OF CALIFORNIA

COUNTY OF _____

ON _____ before me,
_____ 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 _____

MAIL TAX STATEMENT AS DIRECTED ABOVE