

Recording Requested By: _____
When Recorded Mail To:
Name: _____
Mailing Address: _____
City: _____
State: _____
Zip Code: _____

Space Above This Line Reserved for Recorders Use

Assessor's Property Tax Parcel/Account Number: _____

QUITCLAIM DEED
(Individual to a Trust)

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, _____, an individual, hereinafter referred to as "Grantor", does hereby remise, release, and forever quitclaim unto _____, as Trustee under the provisions of a Trust Agreement dated the _____ day of _____, 20_____, and known as Trust Number _____ and establishing the Trust known as the _____ Trust, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of _____, State of California, to-wit:

Describe Property or State "SEE DESCRIPTION ATTACHED"

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

Taxes for tax year _____ shall be prorated between Grantor and Grantee as of the date selected by Grantor and Grantee, or paid by Grantee, or paid by Grantor.

Dated this _____ day of _____, _____.

Signature

Type or Print Name

State of California
County of _____

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

_____ ,
who 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. 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.

Signature _____

(Seal)

Grantor(s) Name, Address, phone:

Grantee(s) Name, Address, phone:

SEND TAX STATEMENTS TO GRANTEE