

## Mortgage+Care

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RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

«f80»

«f81»

«f82», «f83»

SPACE ABOVE THIS LINE FOR RECORDERS USE

### CORPORATION GRANT DEED

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ .

☐ Computed on full value of property conveyed, or

☐ Computed on full value less value of liens and encumbrances remaining at time of sale.

☐ Unincorporated area ☐ City of . Tax Parcel Number ~

FOR VALUE RECEIVED, of which is hereby acknowledged, , hereby GRANT(S) to the following described real property in the City of County of «f63», State of California:

Address: «f18», «f19» - APN: «f59»

Legal Description: «f189»«f190»«f191»«f192»«f193»«f194»

IN WITNESS WHEREOF. said corporation has executed these presents by its officers thereunto duly authorized, «f3»

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

State of California

County of \_\_\_\_\_



On \_\_\_\_\_ before me, \_\_\_\_\_,

Date

Here insert Name and Title of the Officer

Personally appeared \_\_\_\_\_

Name(s) of signer(s)

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.**

Place Notary Seal Above

Signature \_\_\_\_\_

Signature of Notary Public

### OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

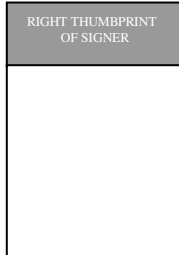
#### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer \_\_\_\_ Title(s) \_\_\_\_\_  
☐ Partner - ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER



Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer \_\_\_\_ Title(s) \_\_\_\_\_  
☐ Partner - ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

