

Prepared By and After Recording Return to:
Send Tax Statements to Grantee (Name and Address):

-----Above This Line Reserved For Official Use Only-----

QUITCLAIM DEED

TRA: _____

APN: _____

<p>The undersigned grantor(s) declare(s) Documentary Transfer Tax \$ _____ <input type="checkbox"/> computed on full value of property conveyed, or <input type="checkbox"/> computed on full value less liens and encumbrances remaining at time of sale <input type="checkbox"/> Unincorporated Area City of _____</p>

For valuable consideration, receipt of which is acknowledged, _____,
 _____, _____, AND
 _____, Individuals, hereby remise, release and forever quitclaim to
 _____, _____, _____,
 _____, _____, and _____,
 as Tenants in Common, the following described real property located in the City of
 _____, County of _____, California:

[Insert Legal Description or State "See Exhibit A attached hereto" and attach legal description as an Exhibit]

Dated this _____ day of _____, _____.

Signature

Type or Print Name

Signature

Type or Print Name

Signature

Type or Print Name

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)

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)

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)

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 and phone:	Grantee(s) Name, Address and Phone: