

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: _____

The undersigned grantor(s) declare(s)

Documentary Transfer Tax \$ _____

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances
remaining at time of sale
☐ Unincorporated Area City of _____

For valuable consideration, receipt of which is acknowledged, _____,
_____, _____, and _____,
Individuals, hereinafter Grantors hereby remise, release and forever quitclaim to
_____ and _____, as Joint Tenants, with the right
of survivorship and not as Tenants in Common, hereinafter Grantees, 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.

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Signature _____

(Seal)

State of California

County of _____

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WITNESS my hand and official seal.

Signature _____

(Seal)

Grantor(s) Name, Address and phone:

Grantee(s) Name, Address and Phone:
