

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS:
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

Order No.:

Escrow No:

A.P.N.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

TRUST TRANSFER DEED

GRANT DEED (EXCLUDED FROM REAPPRAISAL UNDER PROPOSITION 13, I.E., CALIF. CONST. ART 13A§1 ET.SEQ.)

THE UNDERSIGNED GRANTOR(S) DECLARE(S) UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT:

THERE IS NO CONSIDERATION FOR THIS TRANSFER.

DOCUMENTARY TRANSFER TAX IS \$ _____

Computed on full value of property conveyed, or computed on full value less value of liens or encumbrances remaining at time of sale or transfer

There is no Documentary transfer tax due. (state reason and give Code § or Ordinance number)

Unincorporated area: city of _____ AND _____

This is a Trust Transfer under §62 of the Revenue an Taxation Code and Grantor(s) has (have) checked the applicable exclusion:

Transfer to a revocable trust; Transfer to a short-term trust not exceeding 12 years with trustor holding the reversion;

Transfer t a trust where the trustor or the Trustor's spouse is the sole beneficiary; Change of trustee holding title;

Transfer from trust to trustor or Trustor's spouse where prior transfer to trust was excluded from reappraisal and for a valuable consideration, receipt of which is acknowledged.

Other: _____

GRANTOR(S):

hereby **GRANT(S) TO:**

the following described real property in the

County of _____, State of California:

Dated:

STATE OF CALIFORNIA

COUNTY OF _____ }SS.

On _____ before me, _____ (insert name) Notary Public,

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 _____

(This area for official notarial seal)