RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO AND MAIL TAX STATEMENTS TO:

NAME:

ADDRESS:

CITY: STATE/ZIP:

 Title Order No.:

 Space Above This Line For Recorder's Use
 Escrow No.:

GRANT DEED (COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)

DOCUMENTARY TRANSFER TAX is \$_____. CITY TAX \$_____. □ 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.

- □ Unincorporated area: □ City of
- \Box Check when grantees are expressly declaring that the transfer of the property is to be community property with right of survivorship.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby GRANT(s) to

Husband and Wife, as Community Property with Right of Survivorship,

the following described real property in the County of	, State of California
(Assessor's Parcel No.):

Dated:	

(Grantor)

Dated:

(Grantor)

, and

	CLARE AND ACCEPT THE TRANSFER OF THE COMMUNITY PROPERTY WITH RIGHT OF
Dated:	(Grantee)
Dated:	(Grantee)

STATE OF CALIFORNIA COUNTY OF	} _} SS				
On		before me, (here	insert name	and title of the	he officer).
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 _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.