RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO AND MAIL T STATEMENTS TO:	AX		
Name:			
Address:			
City:			
State, Zip:			
	GRANT DE	Above Space for Record	er's Use Only
Title Order No THE UNDERSIGNED GRANTOR(s) DECLAR		APN No	
DOCUMENTARY TRANSFER TAX is \$		CITY TAX \$	
 Computed on full value of property Computed on full value less value Unincorporated area 	of liens or encumbrances r	, ar	nd
Hereby GRANT(s) to			
The following described real property in the Co	unty of:	, State	of California:
Date		Signature	
		Signature	
A notary public or other officer completing this certific attached, and not to the truthfulness, accuracy, or vali		e individual who signed the document to which this certific	ate is
L STATE OF CALIFORNIA			
County of	} ss		
0.	hoforo mo		
On Date			
	apacity(ies), and that by his	who proved to me on the basis of sa in instrument, and acknowledged to me that he/s s/her/their signature(s) on the instrument the per-	he/they
I certify under PENALTY OF PERJURY under	the laws of the State of Cal	ifornia that the foregoing paragraph is true and c	orrect.
		WITNESS my hand and official seal	
Notary Signature			