RECORDING REQUESTED BY:

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

NAME

ADDRESS

CITY
STATE & ZIP

PARTNERSHIP GRANT DEED

ORDER NO. **ESCROW NO.** **APN NO.**

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,
☐ Unincorporated area: ☐ City of _____, and

_____
Signature of declarant or agent determining tax – Firm name

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

a Partnership

organized under the laws of _____

hereby GRANTS to

the following described Real Property in the State of California, County of
City of

Dated_____ By_____

By_____

STATE OF CALIFORNIA }
COUNTY OF } S.S.

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_____

There are no representations or warranty, express or implied, as to the fitness of this form for any specific use or purpose. If you have any question, it is always best to consult a qualified attorney before using this or any legal document.