| RECORDING REQUESTED BY: | |
|--|--|
| MAIL TAX STATEMENTS AND WHEN RECORDED MAIL TO: | |
| Order No.: Escrow No.: | |
| APN: | SPACE ABOVE THIS LINE IS FOR RECORDER'S USE |
| INTER-DO | DMESTIC PARTNER DEED |
| THE UNDERSIGNED GRANTOR(S) DECLARE(S): | DOCUMENTARY TRANSFER TAX IS \$ 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 | s hereby acknowledged, |
| hereby GRANTS to | |
| as grantee's sole and separate property, the California, more particularly described as follo | real property situated in the County of, State of ows: |
| Dated: | |
| | s certificate verifies only the identity of the individual who signed the and not the truthfulness, accuracy, or validity of that document. |
| STATE OF CALIFORNIA |)) SS. |
| COUNTY OF |) |
| On before me, | , Notary Public, personally |
| appeared | , |
| within instrument and acknowledged to i | ry evidence) to be the person(s) whose name(s) is/are subscribed to the me that he/she/they executed the same in his/her/their authorized ure(s) on the instrument the person(s), or the entity upon behalf of which |
| I certify under PENALTY OF PERJURY under and correct. | er the laws of the State of California that the foregoing paragraph is true |
| WITNESS my hand and official seal. | |
| Signature | |