## 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. INTERSPOUSAL TRANSFER GRANT DEED THE UNDERSIGNED GRANTOR(s) DECLARE(s): 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 ☐ This conveyance is exempt from Documentary Transfer Tax: □ "This is a bona fide gift and the grantor received nothing in return, R & T 11911". □ "This conveyance establishes sole and separate property of the spouse, R & T 11911". □ "This conveyance is in dissolution of marriage by one spouse to the other, R & T 11927". ☐ Check when creating separate propety interest in the grantee spouse: "It is the express intent of the grantor, being the spouse of the grantee, to convey all right, title and interest of the grantor, community or otherwise, in and to the herein described property to the grantee as his/her sole and separate property. ☐ Excluded from Reappraisal Under Proposition 13, California Constitution Article 13A § 1, et seq. ☐ This conveyance does not constitute a "change of ownership", R & T 63. ☐ A transfer to a trustee for the beneficial use of a spouse, or the surviving spouse of a deceaased transferor, or by a trustee of such a trust to the spouse of the trustor. ☐ A transfer to a spouse or former spouse in connection with a property settlement agreement or decree of dissolution of a marriage or legal separation. ☐ A creation, transfer, or termination, solely between spouses, of any co-owner's interest. ☐ The distribution of a legal entity's property to a spouse or former spouse in exchange for the interest of such spouse in the legal entity in connection with a property settlement agreement or a decree of dissolution of a marriage or legal separation. ☐ Other: FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

| hereby GRANT(s) to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                |                       |
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| the following described real property in (Assessor's Parcel No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the County of):                           |                                                                | , State of California |
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| STATE OF CALIFORNIA COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                |                       |
| Onbefore and title of the officer), personally appered me on the basis of satisfactory evidence instrument and acknowledged to me that capacity(ies), and that by his/her/their subshalf of which the person(s) acted, executive to the person of the | t he/she/they exection ignature(s) on the | cuted the same in his/her/thei<br>instrument the person(s), or | r authorized          |
| I certify under PENALTY OF PERJUR paragraph is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y under the laws                          | of the State of California tha                                 | t the foregoing       |
| WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                |                       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | (Seal)                                                         |                       |