RECORDING REQUESTED BY:

And When Recorded Mail This Deed and, Unless Otherwise Shown Below, Mail Tax Statements To:

NAME
City Clerk

STREET
City of Folsom

ADDRESS
50 Natoma Street

CITY
Folsom

STATE
CA

ZIP
95630

NAME

STREET

ADDRESS

CITY

STATE

ZIP

This Order No. Escrow No. _____

DOCUMENTARY TRANSFER TAX

$ COMPOUNDED ON FULL VALUE OF PROPERTY CONVEYED, OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT THE TIME OF SALE.

Signature of Declarant or Agent Determining Tax Firm Name

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

Hereby GRANT(S) to

the following described real property in the City of Folsom, County of Sacramento, State of California, described as follows:

See the attached Exhibit “A”

BY:

__________________________

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

State of California
County of Sacramento

On __________, before me, Notary Public, 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 State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal

SIGNATURE

PLACE NOTARY SEAL ABOVE

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State