Recording requested by (name):		
And when recorded, mail this deed a statements to (name and address):		
		DOCUMENTARY TRANSFER TAX \$
QUITCLAIM DEED		EXEMPTION (R&T CODE)
APN:		Signature of Declarant or Agent determining tax
	iming Party(ies))	
hereby quitclaim(s) to(Proper	rty Owner(s))	
the following real property in the C		, County of (insert legal description)
Date:	(Signature of declarant)	
Date:	(Typed or written name of declarant)	arant)
	(Typed or written name of decla	arant)

This form must be signed in front of a notary.

ACKNOWLEDGMENT			
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			
State of California County of)			
On before me, (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 (Se	eal)		