RECORDING REQUESTE	D BY:	
WHEN RECORDED MAIL AND UNLESS OTHERWIS MAIL TAX STATEMENTS	SE SHOW BELOW,	
NAME		
ADDRESS		
CITY STATE & ZIP		
	PARTI	NERSHIP GRANT DEED
ORDER NO.	ESCROW NO.	APN NO.
DOCUMENTARY TRANSF  computed on Unincorporate	FER TAX is \$	CITY TAX \$
Signature of	declarant or agent determinin	g tax – Firm name
FOR A VALUABLE C	ONSIDERATION, receipt o	f which is hereby acknowledged,
		a Partnership
organized under the la	aws of	
hereby GRANTS to		
the following describe City of	d Real Property in the State	e of California, County of
Dated		By
		Ву
STATE OF CALIFORNIA COUNTY OF	} } S.S.	
On(here insert name and title	of the officer), personally appear	e me,, ed
or the entity upon behalf of	cuted the same in his/her/their au	the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged thorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), uted the instrument. I certify under PENALTY OF PERJURY under the laws of the State of
WITNESS my hand and off	ficial seal.	

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.