

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.: _____

**INTERPOUSAL TRANSFER GRANT DEED
(COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)**

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 _____, and
- 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 changes the manner in which title is held, grantor(s) and grantee(s) remain the same and continue to hold the same proportionate interest, R & T 11911".
 - "This conveyance confirms a community property interest, which was purchased with community property funds, R & T 11911".
- 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.
- Check when grantees are expressly declaring that the transfer of the property is to be community property with right of survivorship.

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

hereby GRANT(s) to

,Husband and Wife, as Community Property with Right of Survivorship,

the following described real property in the County of _____, State of California
(Assessor's Parcel No. _____):

Dated: _____

(Grantor)

Dated: _____
(Grantor)

"GRANTEES HEREBY EXPRESSLY DECLARE AND ACCEPT THE TRANSFER OF THE
HEREIN DESCRIBED PROPERTY AS COMMUNITY PROPERTY WITH RIGHT OF
SURVIVORSHIP."

Dated: _____
(Grantee)

Dated: _____
(Grantee)

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 _____ } SS

On _____ before me, _____, (here 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 _____ (Seal)