

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
(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)

STATE OF CALIFORNIA }
COUNTY OF _____ } SS

On _____ before me, _____
_____ (here insert name and title of the officer),
personally appeared _____

_____,
personally known to me (or 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.

WITNESS my hand and official seal.

Signature _____