| RECORDING REQUESTED BY: | | |
|---|---|--|
| WHEN RECORDED MAIL TO: | | |
| Name: | | |
| Address: | | |
| City: | | |
| State, Zip: | | |
| | | Above Space for Recorder's Use Only |
| | CLARATION OF ABANDON | |
| | OF DECLARED HOMESTE | AD |
| APN NO | _ | |
| The undersigned declare(s) that | hereby abandon(s) the homestead previous | ously declared in the Homestead executed |
| executed by | | |
| | | , |
| | | , in the Official Records of the |
| County Recorder of | | County, California. |
| SIGNATURE OF DECLARANT | | SIGNATURE OF DECLARANT |
| PRINT FULL NAME | | PRINT FULL NAME |
| A notary public or other officer completing this cer and not to the truthfulness, accuracy, or validity of | | o signed the document to which this certificate is attached, |
| State of California | , | |
| County of | | |
| On | before me, | Name and Title of officer |
| | he/she/they executed the same in his/he at the person(s) or the entity upon behalf of | r/their authorized capacity(ies), and that by of which the person(s) acted, executed the |
| correct. | | |
| | | WITNESS my hand and official seal |
| | | |
| | | |
| | | |
| Notary Signature | | |