RECORDING REQUESTED BY				
City of Beaumont				
AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:				
NAME City of Beaumont				
STREET 559 E. 6th Street ADDRESS				
CITY, STATE & Beaumont, CA ZIP CODE 92223				
TITLE ORDER NO				
ESCROW NO				
		SPACE	ABOVE THIS LINE FOR RECO	DRDER'S USE ONLY
GRANT DEED		undersigned grantor(s) decl	` '	
TRA:		CUMENTARY TRANSFER TAX computed on full value of pro	•	
APN: 418-190-004 and -005		computed on full value less l Unincorporated Area		maining at time of sale.
FOR VALUABLE CONSIDERATION, receipt of which City of Beaumont, a California Municipal Corp.				
Oity of Beaumont, a Gamornia Municipal Col		E OF GRANTOR(S))		
hereby remise, release and grant to				
City of Beaumont, a California Municipal Cor		n, Public Agency E OF GRANTEE(S))		
the following described real property in the City of _State of _California		Beaumont	,County of	Riverside ,
(Insert Legal Description)				
Parcels 'A and 'B' as described and shown on Exhibits 'A 2021-LLA-0028 approved by the City of Beaumon	ι' & 'B' atta t.	tached hereto and by this refer	ence is made a part hereof	pursuant to LLA
NOTE: This grant deed perfects the intent of Lot Line Ad	justment	2021-LLA-0028	_ , as approved by the City	of Beaumont.
DATED:		Name		
A notary public or other officer completing this c verifies only the identity of the individual who sig document to which this certificate is attached, at the truthfulness, accuracy, or validity of that doc	ned the	9	City of Beaumont	
STATE OF CALIFORNIA } COUNTY OF }				
Onbefore me,		(here insert name and title of the	e officer)	personally appeared
who proved to me on the basis of satisfactory evi and acknowledged to me that he/she/they exec signature(s) on the instrument the person(s), or the I certify under PENALTY OF PERJURY under the	cuted the e entity (e same in his/her/their au upon behalf of which the pe	uthorized capacity(ies), erson(s) acted, executed	and that by his/her/their the instrument.
WITNESS my hand and official seal.				
Signature		(SEAL)		