

DR



OFFICIAL RECORDS OF
PINAL COUNTY RECORDER
LAURA DEAN-LYTTLE

Recording Requested By

And when recorded mail to:

Name EDWARD C. GARCIA & SOFIA GARCIA

Street Address 2854 E. SIERRITA RD

City State Zip QUEEN CREEK, AZ 85243

DATE/TIME: 11/17/05 1027
FEE: \$13.00
PAGES: 1
FEE NUMBER: 2005-159174

Space above this line for recorder's use

WOLCOTTS FORMS, INC.

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SINCE 1893

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.

Autograph of Declarant or Agent Determining Tax Firm Name

I/We, SOFIA GARCIA, a married woman
(Name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release, convey and forever quitclaim to EDWARD C. GARCIA AND SOFIA GARCIA, Husband and wife
(Name of grantee(s))

the following described real property in the City of Queen Creek, County of PINAL, State of AZ:

Lot 354, of final Plat for Unit one of Copper Basin according to the plat of record in the office of the county recorder of Pinal County Arizona, recorded in Cabinet D, slide 055. ARS. 11-1134 B10.
AKA 2854 E. Sierrita Rd, Queen Creek, AZ 85243

Assessor's parcel No. _____

Executed on _____, in the City of _____, State of _____

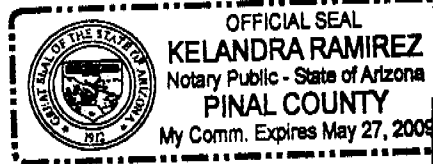
STATE OF Arizona

COUNTY OF Pinal County

On 11/14/05 before me, SOFIA GARCIA personally appeared WARRANTY DEED 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

CAPACITY CLAIMED BY SIGNER(S)
 Individual(s)
 Corporate Officer(s)
 Partner(s) Limited General
 Attorney in Fact
 Trustee
 Guardian/Conservator

WITNESS my hand and official seal.



Kelandra Ramirez
Signature of Notary (seal)

RIGHT THUMBPRINT. (Optional)

MAIL TAX _____

STATEMENTS TO: _____

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