

RECORD TITLE INTEREST STATEMENT (Beneficiary)

In accordance with Section 66436 and 66445 of the Subdivision Map Act of the State of California, **(Individual / Company)** as Beneficiary under **(that, those)** certain Deed(s) of Trust recorded **(month, day, year)** as document(s) No. **(list all numbers)**, Shasta County Records, hereby consents to the preparation and recordation of this Parcel Map of **(list Title of map)**.

Individual / Company Name : _____, Beneficiary

Date: _____ Beneficiary's / Officer's Signature: _____

Name & Title: _____