

**RECORD TITLE INTEREST STATEMENT (Beneficiary)**

In accordance with Section 66436 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 Final Map of **(name of subdivision)**.

Individual / Company Name : \_\_\_\_\_, Beneficiary

Date: \_\_\_\_\_ Beneficiary's / Officer's Signature: \_\_\_\_\_

Name & Title: \_\_\_\_\_