

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Order No.:

Escrow No:

A.P.N.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

COUNTY OF _____

THE UNDERSIGNED, _____, BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

1. That _____], the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as _____ named as the Trustee in that certain Declaration of Trust dated _____], executed by _____ as Trustor(s).

2. At the time of demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as _____, which property is described in a Deed which was signed by _____ as Grantor(s) _____ and recorded as Instrument No. _____ on _____ of Official Records of _____ County, State of California.

The legal description of said property is as follows:

3. I, _____ am the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

4. There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this _____ day of _____, 20____
by _____
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Signature _____ (seal)