RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

TITLE ORDER NO. **ESCROW NO.** **APN NO.**

AFFIDAVIT OF DEATH OF LIFE TENANT

State of California
County of _____} SS

_____, of legal age, being first duly sworn, deposes and says:

That _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as _____ named as the interest holder of a life estate conveyed or reserved in that certain _____ _____dated _____, executed by _____ _____to _____, recorded _____, as Instrument No. _____, of the Official Records of _____ County, California, covering the following described property:

See Exhibit "A" is attached hereto and made a part hereof

Dated_____ _____

_____

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)
) SS.
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