

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

TITLE ORDER NO.

ESCROW NO.

APN NO.

AFFIDAVIT OF DEATH OF TRUSTEE

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 Trustee 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

In accordance with section/paragraph _____ of the trust agreement, _____

- a) has been appointed the successor trustee and/or
- b) becomes the sole trustee

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

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.

Signature _____ Seal