

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 the trust agreement identified as _____ dated _____ ("Trust") and executed by _____ as Trustor(s).

That the Trust has not been revoked and that there is no federal estate tax as the result of the death of the decedent.

That, at the time of decedent's death, the decedent is the same person as the Trustee in that certain recorded document entitled _____, from _____ to _____, recorded _____, as Instrument No. _____, of the Official Records of _____ County, California, covering the following described property:

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

That, in accordance with section/paragraph _____ of the Trust, _____ is/are the surviving trustee(s) and/or the successor trustee(s).

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 _____) SS.

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