

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

TITLE ORDER NO

ESCROW NO.

APN NO.

**AFFIDAVIT OF DEATH OF SPOUSE
(COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)**

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 one of the parties in that certain _____ dated _____,
executed by _____,
to _____,
as Community Property with Right of Survivorship, recorded as Instrument No. _____ on _____,
in Book _____, Page _____, of Official Records of _____ County, California,
covering the following described property situated in the said County, State of California

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