

RECORDING REQUESTED BY

|

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY

STATE & ZIP

|

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF TRUSTEE

Assessor's Parcel Number:

State of California

County of _____ } ss

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

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

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on _____, as instrument No. _____, in Official Records of _____ County, California, covering the following described property situated in the said County, State of California:

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated _____

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 _____

(This area for official notarial seal)