## **RECORDING REQUESTED BY**

AND WHEN RECORDED MAIL TO:

Name

Street Address

City & State Zip

Title Order No.

Escrow No.

## SPACE ABOVE THIS LINE FOR RECORDER'S USE

## **Affidavit – Death of Trustee**

STATE OF CALIFORNIA,	Assessors Parcel Number:
County of	
	, 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	
-	he decedent was the record owner, as Trustee of real property commonly known as
	and described in a Deed signed
by	as Grantor(s) on and
recorded as Instrument No.	, on , in
book , page , of Official Reco	ords in the Office of the County Recorder of
County, State of California, covering the following described property situated in the City of	
County of , S	State of California:
I, effect at the time of the death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such. There are no Federal Estate Taxes due as the result of the death of the decedent mentioned in the above. I declare under penalty of perjury,	
under the laws of the State of California, that the foregoing	
A notary public or other officer completing this cer identity of the individual who signed the document to attached, and not the truthfulness, accuracy, or valid	tificate verifies only the owned to which this certificate is
State of California, County of	
Subscribed and sworn to (or affirmed) before me on this	
day of,,	by
moved to me on the basis of estimatory evidence to be	the marson (a)
proved to me on the basis of satisfactory evidence to be	
who appeared before me	
Date:	
Signature	
Name Typed or Printed	FOR NOTARY SEAL OR STAMP