

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

Name
Address
City, State Zip

Title Order No.
Escrow No.

AFFIDAVIT - 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 the Trustee in that certain Declaration of Trust dated _____, executed by _____ as Trustor(s).

At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as _____, which property is described in a deed which was signed by _____ as Grantor(s) on _____, and recorded as Series/Instrument Number _____, on _____ in Book/Reel _____, at Page/Image _____ of Official Records of _____ County, California, and is described on legal description attached hereto and made a part .

I, _____ am the named successor Trustee under the above referenced trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax due as the result of the death of the decedent mentioned in Paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____, at _____, 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.

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, _____, by _____,

_____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

(This area for notary stamp)