

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

A.P.N.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA }
COUNTY OF _____ }

THE UNDERSIGNED, _____, BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

1. 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).
2. At the time of 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 Instrument No. _____, on _____, of Official Records of _____ County, State of California

The legal description of said property is as follows:

3. I, _____ am the 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Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which as not been revoked, and I hereby consent to act as such.
4. 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.

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.

Name _____
Name _____

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 _____