

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,
County of

Assessors Parcel Number:

That _____, of legal age, being first duly sworn, deposes, and says:
_____, 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 _____,
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 _____
and described in a Deed signed
by _____ as Grantor(s) on _____ and
recorded as Instrument No. _____, on _____, in
book _____, page _____, of Official Records in the Office of the County Recorder of
County, State of California, covering the following described property situated in the City of
County of _____, State of California:

I, _____ as the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such.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 is true and correct.

State of California, County of _____

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

Date: _____

Signature

Name Typed or Printed

FOR NOTARY SEAL OR STAMP