

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 Joint Tenant

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 one of the parties in that certain
executed by

dated ,

to
as joint tenants, recorded as Instrument No.

, on , in

book , page , of Official Records of

County, California, covering the following described property situated in the

County of

, State of California:

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated _____

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.

State of California, County of

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

on this _____ day of _____, _____, by

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

FOR NOTARY SEAL OR STAMP