

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:

, 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

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Trust, which was in effect at the time of the death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such.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.

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