

**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 OF DEATH  
(Terminating Life Estate Interest)**

STATE OF CALIFORNIA,        )  
County of                        ) S.S.

Assessor's Parcel Number:

Property Address:

, 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

\_\_\_\_\_, dated \_\_\_\_\_ executed by

to

said decedent having been granted or reserved therein a Life Estate Interest and recorded on

\_\_\_\_\_ as Instrument No. \_\_\_\_\_, in Book \_\_\_\_\_, Page(s) \_\_\_\_\_, of

Official Records of \_\_\_\_\_ County, State of California, covering the following described real property in the City of \_\_\_\_\_ in said County, State of California:

Dated \_\_\_\_\_

\_\_\_\_\_  
Affiant

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