RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

NAME:

ADDRESS:

CITY: STATE/ZIP:

 Title Order No.:
 Space Above This Line For Recorder's Use
 Escrow No.

AFFIDAVIT - DEATH OF TRANSFEROR UNDER REVOCABLE TRANSFER ON DEATH DEED (California Probate Code § 5680)

STATE OF CALIFORNIA} COUNTY OF _____ } S.S.

, 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 the transferor in that certain _____, dated _____ executed by _____, as transferor to ______, as beneficiar(ies), recorded on ______, as Instrument No. ______, in Book ______, Page _____, of Official Records of ______

County, California, covering the following described property situated in the County of , State of California:

Assessor's Parcel No.: ______.

Property Address:

Dated:

Beneficiary

11 1	,, by, to me or proved to me on the basis of satisfactory evidence to be the person(s
who appeared bet	
who appeared ber	fore me.
Seal:	
Signature:	
	·
Notary Public Co	mmissioned for said County and State.
	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
	who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or
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