

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

NAME

ADDRESS

CITY
STATE & ZIP

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA }

COUNTY OF _____ } S.S.

The undersigned, being of legal age, being duly sworn, deposes and says:

- 1. That _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as _____, named as Trustee in that certain Declaration of Trust dated _____, executed by _____ as Trustor(s).
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of real property commonly known as _____, which property is described in a Deed, which was executed by _____, as Grantor(s) on _____ and record as Instrument No. _____, in Book/Reel _____, Page/Image _____ on _____ of Official Records of _____ County, State of California.
- 3. The legal description of said property is as follows:

APN

- 4. I, _____, am the named Successor Trustee, under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.
 - 5. There is no federal estate tax as the result of the death of the decedent mentioned in paragraph 1 above.
- I declare, under penalty of perjury, under the laws of the State of California, the foregoing is true and correct,

Dated: _____ Signature: _____.

State of California}
County of _____ }SS.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20 ____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (Seal)