

ASSESSOR'S PARCEL NUMBER: _____

SPACE BELOW FOR USE OF RECORDER ONLY

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Name: _____

Address: _____

City & State: _____

MAIL TAX STATEMENT TO:

Name: _____

Address: _____

City & State: _____

AFFIDAVIT – DEATH OF JOINT TENANT

_____, being of legal age and duly sworn deposes and states that:
 the decedent, _____, mentioned in the attached certified copy of the Certificate of Death is the
 same _____ named as one of the parties in the _____
 dated _____, executed by _____
 to _____
 as joint tenants, recorded as Instrument No. _____ on _____ in book _____, page _____, of Official
 Records of _____ County, California covering the following described real property in the
 _____ County of _____, State of California:

Dated: _____

SIGNATURE OF 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 _____, 20____,

by _____, proved to me on the basis of satisfactory evidence to be the person(s)

who appeared before me.

WITNESS my hand and official seal.

SIGNATURE

[SEAL]

Title Order No. : _____ Escrow, Loan or Attorney File No. _____