

RECORDING REQUESTED BY:

When Recorded Mail Document To:

APN: _____

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AFFIDAVIT - DEATH OF TRUSTEE

STATE OF _____

COUNTY OF _____

_____, being of legal age, and being first duly sworn, and deposes and says:

1. That _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as the Trustee in that certain Declaration of Trust dated _____, executed by _____, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of real property commonly known as _____ which property is described in the Deed which was executed by _____ as Grantor(s) and recorded on _____ as Instrument No. _____ at _____ of Official Records of _____, State of _____ covering the following property situated:
SEE EXHIBIT "A" ATTACHED AND MADE A PART HEREOF
3. The undersigned is the named surviving or 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and is designated and empowered pursuant to the terms of said trust to serve as the surviving or Successor Trustee thereof.

DATED: _____

State of _____

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.

Signature _____

(Seal)