

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

TITLE ORDER NO.

ESCROW NO.

APN NO.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of California

County of _____ } ss

_____, 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 _____,
as joint tenants, recorded as Instrument No. _____ on _____, in
Book _____, Page _____, of _____ Records of _____
County, California, covering the following described property situated in the said County, State of California:

That the value of all real and personal property owned by said decedent at date of death, including the full value of the
property above described, did not then exceed the sum of \$ _____

Dated _____

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.

Signature _____ Seal