

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY &
STATE

-----SPACE ABOVE THIS LINE FOR RECORDERS USE-----

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

APN: _____

County of _____

}
} SS.

That _____, of legal age, being first duly sworn, deposes and says:
_____, the decedent mentioned in the attached certified copy of

Certificate of Death, is same person as _____ dated _____
named as one of the parties in that certain _____
executed by _____

to _____,
as joint tenants, recorded as Instrument No. _____, on _____, in
book _____, page _____, of Official Records of _____
County, California, covering the following described property situated in the
County of _____, State of California:

(Commonly known as: _____)

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
this _____ Day of _____, 20_____.
by _____
proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Signature: _____
Notary public in and for said State

FOR NOTARY SEAL OR STAMP

Title Order No. _____

Escrow No. _____