RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

NAME:

ADDRESS:

CITY: STATE/ZIP:

Title Order No.: _____ Space Above This Line For Recorder's Use Escrow No.: _____

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA	}	
COUNTY OF	}	<i>S.S</i> .

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

That				, the dece	edent
mentioned in the attached certified copy of					
one of the parties in that certain					
executed by					
to					
as joint tenants, recorded on		, as Instrument No,			
of Official Records of		_County,	California,	covering	the
following described property situated i	n the Cou	nty of			
, State of Californ	nia:				
Assessor's Parcel No.:					
Property Address:				<u> </u>	
The value of all real and personal proper	ty owned b	y said dece	dent at date of	f death, inclu	ding
the property described above, did not then	exceed the	sum of \$60	0,000.00.		
Executed on this	da	y of			,
·					
	_				

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)