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| **RECORDING REQUESTED BY:**    **When Recorded Mail Document To:** |  |
| APN: | SPACE ABOVE THIS LINE IS FOR RECORDER’S USE |

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF:           COUNTY OF:

      of legal age, 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).

1. 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and is designated and empowered pursuant to the terms of said trust to serve as the surviving or Successor Trustee thereof.

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| DATED: |  |

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| 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 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)