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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 JOINT TENANT**

STATE OF:           COUNTY OF:

      of legal age, being first duly sworn, and 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 Deed dated       executed by       to      , as Joint Tenants, recorded on       as Instrument No.      ,      , at            , of Official Records of       County,       covering the following described property situated:

SEE EXHIBIT “A” ATTACHED HERETO AND MADE APART HEREOF.

|  |  |
| --- | --- |
| 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  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 |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SPACE BELOW RESERVED FOR NOTARY SEAL |