RECORDING REQUESTED BY		
WHEN RECORDED MAIL TO:		
Name:		
Address:		
City:		
State, Zip:		
	AFFIDAVIT OF DEATH OF	Above Space for Recorder's Use Only TRUSTEE
Assessor's Parcel Number: State of California		
County of	}} ss	
	, of lega	al age, being first duly sworn, deposes and says:
1	, the decedent r	mentioned in the attached certificate copy of
Certificate of Death, is the same	e person as Trustee in that certain Declaration	on of Trust dated,
		as trustor(s).
	death, decedent was the owner, as Trustee,	
recorded on	, as instrument No	in Official Records of
	County, California, covering the following	described property situated in the said County,
State of California:		
3. I am the surviving successor	Trustee of the same trust under which said of	decedent held title as trustee pursuant to the
deed described above, and am	designated and empowered pursuant to the	terms of said trust to service as trustee thereof.
Date	Print Name	Signature
1	leting this certificate verifies only the identity of the indiv , accuracy, or validity of that document.	vidual who signed the document to which this certificate is
State of California County of		
	irmed) before me on thisday of	
proved to me on the basis of sa	tisfactory evidence to be the person(s) who a	appeared before me.
		(Official SEAL)
Notary Signati	ure	