| Recording Requested By:         |  |
|---------------------------------|--|
| When recorded mail document to: |  |
| NAME                            |  |
| ADDRESS                         |  |
| CITY<br>STATE & ZIP             |  |

Above Space for Recorder's Use Only

## **AFFIDAVIT – DEATH OF JOINT TENANT**

| State of California County of  |  |   |
|--|--|---|
| That Certificate of Death, is the same person as that certain by   | , the decedent mentione                | ed in the attached certified copy of named as one of the parties in, executed     |
| recorded as Instrument No  | , on, in Book/Reel<br>County, Californ | , as joint tenants,, Page/Image, of ia, covering the following described property |
| That the value of all real and personal prop above described, did not then exceed the sum of \$_ Dated_  |  | ent at date of death, including the property                                      |
| A notary public or other officer completing this certificate verifies only the identity of the individu who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. | al                                     |   |
| State of California County of  | re me on this                          | day of<br>e basis of satisfactory evidence to be the                              |
| Notary Signature   | (SEAL)                                 |   |