

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Name

Street
Address

City &
State
Zip

Title Order No.

Escrow No.



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit – Death of Trustee – Succession of Successor Trustee

STATE OF CALIFORNIA,

County of

Assessor Parcel Number:

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

, the decedent mentioned in the attached certified copy of

1) That

Certificate of Death, is the same person as
named as one of the parties in that certain
executed by

dated

to
recorded as Instrument No. , on , in Book , Page , of Official
Records of County, California, covering the following described property situated in the
City of County of , State of California:

2) That I am

named within the aforementioned Trust as Successor Trustee;

3) That I hereby consent to act as Successor Trustee of the aforementioned Trust and do hereby assume the powers and duties as
Successor Trustee of such Trust;

4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the
Described Property.

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 _____, _____, by

proved to me on the basis of satisfactory evidence to be the person (s)
who appeared before me

Date: _____

Signature

Name Typed or Printed

FOR NOTARY SEAL OR STAMP