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 TRANSFEROR Under Revocable Transfer on Death Deed

(California Probate Code § 5680)

(Camorina Probate Code 9 5080)		
STATE OF CALIFORNIA,	Assessor's Parcel Number:	
County of		
·	, of legal age, being first dul	y sworn, deposes, and says:
That	, the deceder	nt mentioned in the attached
Certified copy of Certificate of Death, is the same person as named as the transferor in that		
certain	, dated	executed by
		, as transferor to
		, as
beneficiary(ies), recorded on	, as Instrument No.	, in
Book , Page(s) , of Of	ficial Records of	County,
Dated	Beneficiary	
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 AFFIRME	ED) BEFORE ME	
on this,,	, by	
Personally proved to me on the basis of satisfactor person (s) who appeared before me.	y evidence to be the	
	FO	R NOTARY SEAL OR STAMP