

Recording Requested By:

When recorded mail document to:

NAME

Space for Recorder's Use Only

ADDRESS

CITY

STATE & ZIP

AFFIDAVIT – DEATH OF JOINT TENANT

State of _____
County of _____ } ss.

_____, of legal age, being first duly sworn, 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 _____ dated _____, executed
by _____
to _____

_____, as joint tenants,
recorded as Instrument No. _____, on, in Book/Reel _____, Page/Image _____, of
Official Records of _____ County, _____, covering the following described property
situated in the _____, County of _____, State of California:

That the value of all real and personal property owned by said decedent at date of death, including the property
above described, did not then exceed the sum of \$ _____

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 _____ } ss.

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
persons(s) who appeared before me.

(SEAL) Notary Signature