

**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 Joint Tenant

STATE OF CALIFORNIA,

Assessors Parcel Number:

County of

, 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  
executed by

dated ,

to  
as joint tenants, recorded as Instrument No.

, on , in

book , page , of Official Records of

County, California, 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 the date of death, including the full value of the property above described, did not then exceed the sum of \$

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