

UNINSURED DEED AFFIDAVIT DECLARATION OF CONVEYANCE

THIS DECLARATION IS IN CONNECTION WITH THE DEED RECORDED AS
INSTRUMENT NO. _____ EXECUTED BY THE UNDERSIGNED, A COPY OF WHICH IS ATTACHED FOR
REFERENCE.

THE UNDERSIGNED DECLARES AS FOLLOWS:

1. THAT THE UNDERSIGNED DID EXECUTE AND DELIVER THE SUBJECT DEED TO THE GRANTEE OR AUTHORIZED REPRESENTATIVE.
2. THAT THE UNDERSIGNED, IN THE EXECUTION AND DELIVERY OF THE SUBJECT DEED, ACTED VOLUNTARILY AND DID NOT ACT UNDER COERCION OR DURESS.
3. THAT THE UNDERSIGNED NO LONGER HAS ANY INTEREST IN THE PROPERTY DESCRIBED IN THE SUBJECT DEED.
4. THAT THE OBLIGATION OF _____, THE GRANTEE, TO THE UNDERSIGNED IN CONNECTION WITH THE TRANSFER OF THE PROPERTY DESCRIBED IN THE SUBJECT DEED HAVE BEEN FULLY PAID AND/OR SATISFIED.

THIS DECLARATION IS MADE FOR THE PROTECTION OF THE PARTIES INVOLVED IN THE TRANSFER OF TITLE AND THEIR SUCCESSORS.

THIS DECLARATION IS ALSO FOR THE PROTECTION OF _____ WHO MUST RELY ON THIS DOCUMENT AS A LEGAL AND PROPER TRANSFER IN CONNECTION WITH THE ISSUANCE OF POLICIES OF TITLE INSURANCE.

THE UNDERSIGNED WILL TESTIFY AS TO THE TRUTH OF FACTS SET FORTH HEREINABOVE IN THE EVENT AN ACTION IS INSTITUTED DISPUTING THESE FACTS.

SWORN AND SUBSCRIBED UNDER PENALTY OF PERJURY THIS _____ DAY OF _____, _____

Dated _____

STATE OF CALIFORNIA
COUNTY OF _____

On _____ before me,

(here insert name and title of the officer)

, personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature _____



(This area for official notarial seal)