Recording Requested By:				
When recorded mail document to:				
NAME				
ADDRESS				
CITY STATE & ZIP				
	Above Space for Recorder's Use Only			
AFFIDAVIT OF DEATH OF TRUSTEE				

State of California			
County of	}}		
	, of legal age,	being first duly sworn,	deposes and says:
1	, the decedent	mentioned in the atta	ched certified copy of Certificate of
Death, is the same person named as Trustee i	n the certain Declar	ation of Trust dated _	
executed by			as trustor(s).
2. At the time of the decedent's death, deceden	nt was the owner, a	s Trustee, of certain re	eal property acquired by a deed
recorded on	, as instrument No		, in the Official
Records of	_County, State of 0	California, covering the	e following described property
situated in the said County, State of California:			
3. I am the surviving or successor Trustee of the deed described above, and am designated and			
Dated			
A notary public or other officer completing t verifies only the identity of the individual wh document to which this certificate is attached the truthfulness, accuracy, or validity of that	no signed the ed, and not		
State of California County of	}		
SUBSCRIBED AND SWORN TO (or affirmed) 20 by the persons(s) who appeared before me.	before me on this _	proved to me on the	day of e basis of satisfactory evidence to be
. , ,			
-	(Seal)		
Notary Signature			