Recording Requester	d By:
When recorded	mail document to:
NAME	
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CITY STATE & ZIP	

Above Space for Recorder's Use Only

AFFIDAVIT – DI	EATH OF JOIN	NI IENANT	
State of California			
County of} ss.			
That Certificate of Death, is the same person as that certain	, of legal age, being , the decedent mentioned	first duly sworn, deport d in the attached certifine named a	ses and says: ed copy of as one of the parties i
by			, executed
to			
recorded as Instrument NoOfficial Records of	_, on, in Book/Reel	, Page/Image	,as joint tenants, , of g described property
situated in the, County of	, 	, State of	California:
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 California County of} ss.			
SUBSCRIBED AND SWORN TO (or affirmed) before 20 by persons(s) who appeared before me.		day of basis of satisfactory e	
Natary Circature	_(SEAL)		
Notary Signature			