RECORDING	REQUESTED	В١
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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 Trustee – Succession of Successor Trustee

STATE OF CALIFORNIA,			Assessor Parcel Number:					
County of								
		, of legal age, being first duly sworn, deposes, and says:						
1) That		, the decedent mentioned in the attached certified copy of						
Certificate of Death, is the same person	1 as							
named as one of the parties in that cert executed by	ain			date	ed	,		
to						,		
recorded as Instrument No.	, on		, in Boo		Page	, of Official		
Records of	County, California,	-	ne following	described				
City of	County	of			, State	of California:		
 2) That I am named within the aforementioned Trust as Successor Trustee; 3) That I hereby consent to act as Successor Trustee of the aforementioned Trust and do hereby assume the powers and duties as Successor Trustee of such Trust; 4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the Described Property. 								

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

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

on this _____, ___, by

Personally proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

FOR NOTARY SEAL OR STAMP