RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Order No.:
Escrow No.:
APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH

Community Property with Right of Survivorship
Domestic Partner

STATE OF _____)
) SS.
COUNTY OF _____)

_____ of legal age, being first duly sworn, deposes and says:

1. _____ is the decedent mentioned in the attached certified copy of Certificate of Death, who died on _____, at _____ (insert place of death).
2. I am the surviving registered domestic partner of Decedent and on the date of decedent's death, we were in a registered domestic partnership under California Family Code Section 297.
3. Decedent and I are the same persons who are named as grantees in that certain deed dated _____, executed by _____ in favor of the grantees as **community property with right of survivorship**, recorded on _____, as Instrument No. _____, Official Records of _____ County, California, describing the following real 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.

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.

Signature_____ (This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE