

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

< - Enter Name>  
< - Enter Street Address>  
< - Enter City, State, Zip>

A.P.N.:  
Order No.:  
Escrow No.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

### AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

< - Enter Name of Person Signing This Affidavit>, of legal age, being first duly sworn, deposes and says:

That < - Enter Name of Decedent> the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as < - Enter Name of Decedent>, trustee of the < - Enter Name of Trust>, named as one of the parties in that certain < - Enter Type of Deed> dated < - Enter Date of Deed>, executed by < - Enter Name of Grantors>, to < - Enter Grantees>, recorded as Instrument No. < - Enter #>, on < - Enter Date>, of Official Records of Los Angeles County, California covering the following described real property situated in the County of Los Angeles, State of California:

<Legal>

A section of the trust provides that if either < - Enter Decedent> or < - Enter Name of Person Signing Document> is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, < - Enter Name of Person Signing Document> is the sole Trustee of the above named Trust.

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.

\_\_\_\_\_  
< - pause>

STATE OF CALIFORNIA                    )  
COUNTY OF \_\_\_\_\_                )

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

Signature \_\_\_\_\_  
Notary Public in and for said County and State

(Seal)

(This area for official notary seal)