RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

F

Name

Street
Address

City &
State
L

J

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## **AFFIDAVIT OF DEATH OF JOINT TENANT**

	•	0,	r their agent when a	another joint tenant on title to property has died,
DATE:	deceased joint to			, California.
	sted as owner of	ttached certified copy the following property		eath and the same person named as one of the unty of,
APN#:				
I declare unde	=	•	of the State of Ca	alifornia that the foregoing is true and correct.
Date:	,20	·(Print name)		(Signature)
Date:	,20	- (Print name)		(Signature)
		pleting this certificate ve the truthfulness, accurac		of the individual who signed the document to which ocument.
by proved to me or person(s) who ap	nd SWORN to (or day of	affirmed) before me on , 20 sfactory evidence to be	,	
Signature:	(Signature of	notary public)		(This area for official notarial seal)
FORM 460	(Signature of		Realty Publications	(This area for official notarial seal) <b>s, Inc.</b> , P.O. BOX 5707, RIVERSIDE, CA 92517