RECORDING REQUESTED BY:	
WHEN RECORDED MAIL TO:	
Name: Address: City:	
State, Zip:	Above Space for Recorder's Use Only
AFFIDAVIT OF DEA	TH OF JOINT TENANT
Assessor's Parcel Number:	
State of California	
County of	}} ss
sworn, deposes and savs: That	, of legal age, being first duly
the decedent mentioned in the attached certificate of	
person asnamed as one of the parties in that certain	dated
,,executed by	
to	
as joint tenants, recorded as Instrument No in Book, Page	on,
Records of, Page County, Ca	, OI lifornia, covering the following described property
situated in the said County, State of California:	mornia, covering the following described property
	ned by the said decedent at date of death, including the nen exceed the sum of \$
	Circoture
	Signature
I certify (or declare) under penalty of perjury under true and correct.	the laws of the State of California that the following is
Date	Signature