

Recording Requested By:

And when recorded return to:

┌	Name	┐
	Street Address	
	City State Zip	└

Space above this line for Recorder's Use

# AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA  
COUNTY OF YOLO

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

That \_\_\_\_\_, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as \_\_\_\_\_ named as one of the parties in that certain \_\_\_\_\_ dated \_\_\_\_\_, \_\_\_\_\_, executed by \_\_\_\_\_ to \_\_\_\_\_ as joint tenants, recorded as Instrument No. \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_, in Book \_\_\_\_\_, Page \_\_\_\_\_, of the Official Records in the Office of the County Recorder of Yolo County, State of California, concerning the following described real property situated in the City of \_\_\_\_\_, County of Yolo, State of California:

Assessor Parcel Number: \_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TYPE OR PRINT FULL NAME)

I certify (or declare) under penalty of perjury under the laws of the State of California that the forgoing is true and correct:

\_\_\_\_\_  
(Date and Place)

\_\_\_\_\_  
(Signature)

MAIL TAX STATEMENT TO: \_\_\_\_\_

*There are no representations or warranty, express or implied, as to the fitness of this form for any specific use or purpose. If you have any question, it is always best to consult a qualified attorney before using this or any legal document.*