RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO: Name Street Address City & State Zip

Escrow No.

Title Order No.

AFFIDAVIT

SPACE ABOVE THIS LINE FOR RECORDER'S USE

By Surviving Spouse Succeeding to Title to Community Property

(Section 13540 Probate Co	ode of the State of California)	
STATE OF CALIFORNIA, SS.	Assessors Parcel Number:	
County of J	, of legal age, being first duly sworn,	denoses and says:
That	, the decedent mentioned in the attache	
Certificate of Death, is the same person as	, the decedent mentioned in the attache	sa certified copy of
named as one of the parties in that certain	dated	
executed by		,
to		,
as community property, recorded as Instrument No.	, on	, in
Book , Page , of Official Records of		
County, California, covering the following described property	situated in the	,
County of	, State of California:	
That he/she was married to That the above-described property has been at all times since at More than forty (40) days have passed since the death of the o Probate Code Section 13541. That, with respect to the above-described property, there has not b 13502 or 13503 in any probate proceedings in any court of compe That this Affidavit is made for the protection and benefit of the surv	equisition considered the community property of him above – named decedent, and no notice has been been nor will there be an election filed pursuant to Pro- tent jurisdiction. wiving spouse, his/her successors, assigns and personal	recorded pursuan obate Code sections representatives and
all other parties hereafter dealing with or who may acquire an interest assurances contained in this Affidavit. That the value of all real and personal property owned by said		
above described, did not then exceed the sum of \$	a decedent at the date of death, including the full value	of the property
State of California, County of		
Subscribed and sworn to (or affirmed) before me on this d	lav	
of, by		
proved to me on the basis of satisfactory evidence to be the person (s who appeared before me	8)	
Date:	certificate verifies onl who signed the docu	her officer completing this ly the identity of the individua ment to which this certificate he truthfulness, accuracy,
Signature	or validity of that doc	
2		
Name Typed or Printed	FOR NOTARY SEAL OR STAMF	>