RE	CORDING REQUESTED BY:	
When Recorded Mail Document To: Name: Address:		
Cit	y/State/Zip:	
	AFFIDA	SPACE ABOVE THIS LINE FOR RECORDER'S USE
, be	eing of legal age, and first duly sworn, depose	es and says:
1.	That of Death is the same person name executed Trustor(s).	the decedent mentioned in the attached certified copy of Certificated as the Trustee in that certain Declaration of Trust dated by as
2.	At the time of the demise of the Deceder commonly known as:	uated in the County of of Official Records on, State of California.
	SEE EXHIBIT "A" ATTACHED HERETO	O AND MADE A PART HEREOF
3.	I, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to ac as Successor Trustee.	
4.	There is no Federal Estate Tax due as the result of death of the decedent mentioned in Paragraph 1 above.	
l de	eclare under penalty of perjury, under the law	s of the State of California that the foregoing is true and correct.
Da	ted:	
IN '	WITNESS WHEREOF, the undersigned have	e executed this document on the date(s) set forth below.

AFFIDAVIT - DEATH OF TRUSTEE

(continued)

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.

State of	
	e me on this day of,, by ence to be the person(s) who appeared before me.
	(Seal)
Signature	