

A.P.N.: _____ Affidavit - Death of Trustee - continued

File No.: _____

Date: _____

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 California

County of _____

Subscribed and sworn to (or affirmed) before me,

_____ on this _____ day
of _____, 20____, by _____, proved to me
on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____(Seal)