

RECORDING REQUESTED BY

ORDER No.:

WHEN RECORDED MAIL TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT SURVIVING DOMESTIC PARTNER  
SUCCEEDING TO TITLE TO DOMESTIC PARTNERSHIP PROPERTY**

, 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 \_\_\_\_\_, recorded on \_\_\_\_\_, as Instrument No. \_\_\_\_\_, in Book \_\_\_\_\_, Page \_\_\_\_\_ of Official Records of \_\_\_\_\_ County, California, covering the following described property situated in the County of \_\_\_\_\_, State of California:  
Assessor's Parcel No.:

Property Address:

See "Exhibit A" attached hereto and made a part hereof.

That he/she was a domestic partner to the decedent at the time of the death of the decedent.

That the above-described property has been at all times since acquisition considered the domestic partnership property of him/her and decedent. More than forty (40) days have passed since the death of the above named decedent, and no notice has been recorded pursuant to Section 13541 of the Probate Cod.

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction.

That the above described property has not passed to someone other than the affiant under the decedent's will or by intestate succession. That the property has not been disposed of in trust under the decedent's will. That the decedent's will does not limit the affiant to a qualified ownership.

That this Affidavit is made for the protection and benefit of the surviving domestic partner, his/her successors, assigns and personal representatives and all others parties hereafter dealing with or who may acquire an interest in the above described property.

Signature: \_\_\_\_\_

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 \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_

Name \_\_\_\_\_

(Typed or Printed)

(This area for official notarial seal)