

Affidavit of Death Deed Form

State of _____

County of _____

This affidavit is made by the undersigned, **[Your Full Name]**, for the purpose of verifying the death of **[Deceased's Name]**, the prior owner of the property described below.

1. **Declarant Information:**

Full Name: _____

Address: _____

Contact Number: _____

2. **Deceased's Details:**

Full Name: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

3. **Property Information:**

Property Address: _____

Legal Description: _____

4. **Relationship to Deceased:**

I am the **[relation to deceased]** of the deceased, and I have personal knowledge of the circumstances of ownership of the property.

5. **Deed Details:**

The deceased held title to the property described above as follows:

- Sole ownership
- Joint tenancy with right of survivorship
- Community property

6. Purpose of Affidavit:

This affidavit is made to remove the deceased's name from the deed of the property.

7. Supporting Documentation:

I have attached the following documents:

Certified copy of death certificate

Copy of deed to the property

Other supporting evidence: _____

8. Declaration:

I affirm that all statements in this affidavit are true, correct, and made under penalty of perjury.

Signature of Declarant: _____

Date: _____

Notary Public:

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature: _____

Seal: _____