

TITLE ORDER NO.: _____.

UNINSURED DEED AFFIDAVIT

*(To be completed by the following named grantor, _____,
or if deceased, by grantor's legal representative.)*

SUBJECT: DEED LACKING MONETARY CONSIDERATION OR DELIVERY.

DOCUMENT: WITH REFERENCE TO THE _____ FROM _____
(GRANTOR) TO _____ (GRANTEE), DATED _____,
AND RECORDED ON _____, AS INSTRUMENT NO. _____,
RECORDS OF _____ COUNTY.

PROPERTY: ADDRESS: _____
LEGAL DESCRIPTION: _____
A.P.N.: _____

STATE OF CALIFORNIA }
COUNTY OF _____ } S.S.

_____, of legal
age, being first duly sworn, deposes and says:

1. The following questions are answered for the purpose of inducing _____
to accept the sufficiency of the above-referenced _____. *(Name of Document)*.
2. What is the relationship between grantor and grantee?: _____

_____.
3. Why was the _____ *(Name of Document)* given?: _____

_____.
4. What is the value of this property?: _____.
5. Despite the lack of monetary consideration, was there other adequate consideration given for the
_____ *(Name of Document)*?: _____.

If so, please explain briefly the consideration and how it was paid: _____

_____.
6. What was the age of the grantor at the date of signing the _____
(Name of Document)?: _____.

7. Was the _____ (*Name of Document*) unconditionally delivered to the grantee?:
_____.

If so, how and when?: _____

_____.

8. Who is currently occupying the premises located on the property?: _____
_____.

What is the nature of the interest?: _____
_____.

9. If known, what is the grantor's current address and telephone number?: _____

_____.

10. Has the grantor filed for bankruptcy or any other debtor relief provisions under the federal bankruptcy laws?: _____.

If so, when?: _____.

If known, state other facts: _____

_____.

11. Does the grantor have any current outstanding debts which would render them insolvent?:
_____.

IF THE GRANTOR IS CURRENTLY DECEASED, THEN PLEASE COMPLETE THE FOLLOWING:

12. What was the date of the grantor's death?: _____.

13. Have the grantor's last illness and burial expenses been paid?: _____.

14. Are there any other unpaid debts of the decedent?: _____.

15. Who are the grantor's heirs?: _____

_____.

16. If applicable, why was the _____ (*Name of Document*) not recorded until after the grantor's death?: _____

_____.

17. Are there any children or deceased children of the grantor?: _____.

18. Did the decedent leave a will?: _____.

NOTE: IF THE ANSWER IS "YES", THEN PLEASE ATTACH A COPY OF THE WILL.

19. What was the value of all other property owned by decedent at the time of death?: _____

_____.

17. Are there any children or deceased children of the grantor?: _____.

18. Did the decedent leave a will?: _____.

NOTE: IF THE ANSWER IS "YES", THEN PLEASE ATTACH A COPY OF THE WILL.

19. What was the value of all other property owned by decedent at the time of death?: _____

_____.

This Company requires this affidavit to be executed by the grantor and acknowledged by a notary public known to this Company (escrow or lender office notary public).

Dated: _____

(Affiant)

Dated: _____

(Affiant)

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)