This notice is a request for a completed Change in Ownership Statement. Failure to file this statement will result in the assessment of a penalty. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	the personal in each count	Fax: (707) 463-6597 b) of the Revenue and Taxation Code requires the representative file this statement with the Assessity where the decedent owned property at the time separate statement for each parcel of real propered edecedent.
(Make necessary corrections to the printed name and mailing address)	Section 480(b the personal in each county death. File a s	representative file this statement with the Assessive ty where the decedent owned property at the time separate statement for each parcel of real prope
	Section 480(b the personal in each county death. File a s	representative file this statement with the Assessive ty where the decedent owned property at the time separate statement for each parcel of real prope
		DATE OF DEATH
	_	DATE OF DEATH
	erty in this county? If	YES, answer all questions. If NO, sign and
STREET ADDRESS OF REAL PROPERTY	ZIP CODE	ASSESSOR'S PARCEL NUMBER (APN) *
		*If more than 1 parcel, attach separate she
DESCRIPTIVE INFORMATION (IF APN UNKNOWN)	ISPOSITION OF REA	AL PROPERTY 🗹
Copy of deed by which decedent acquired title is attached.	Succession without	a will Decree of distribution
Copy of decedent's most recent tax bill is attached.	Probate Code 1365	pursuant to will
Deed or tax bill is not available; legal description is attached.	Affidavit of death of	Action of trustee nursus
Deed of tax bin is not available, legal description is attached.	Andawit of death of	to terms of a trust
TRANSFER INFORMATION 🗹 Check all that apply and list deta	ils below.	
Decedent's spouse Decedent's registered	d domestic partner	
Decedent's child(ren) or parent(s.) If qualified for exclusion from	· _ · _	1 for Reassessment Exclusion for Transfer
Between Parent and Child must be filed (see instructions). Decedent's grandchild(ren.) If qualified for exclusion from asses	ssment, a <i>Claim for Re</i>	eassessment Exclusion for Transfer from
Grandparent to Grandchild must be filed (see instructions).		
Cotenant to cotenant. If qualified for exclusion from assessmen instructions).	t, an Affidavit of Coter	nant Residency must be filed (see
Other beneficiaries or heirs.		
A trust.		-
NAME OF TRUSTEE ADDRESS OF TRUST	ÊE	
List names and percentage of ownership of all beneficiaries o		
NAME OF BENEFICIARY OR HEIRS RELATIONSHI	P TO DECEDENT	PERCENT OF OWNERSHIP RECEIVED

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R08-0514-23000412-2 BOE-502-D (P2) REV. 08 (05-14)

YES NO Will the decree of distribution include distribution of an ownership interest in any legal entity that owns real property in this county? If **YES**, will the distribution result in any person or legal entity obtaining control of more than 50% of the ownership of that legal entity? YES NO If **YES**, complete the following section.

NAME AND ADDRESS OF LEGAL ENTITY		NAME OF PERSON OR ENTIT	NAME OF PERSON OR ENTITY GAINING SUCH CONTROL			
YES NO Was the decedent the lessor or lessee in a lease that had an original term of 35 years or more, including renewal options? If YES , provide the names and addresses of all other parties to the lease.						
NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE		
MAU						
MAILING ADDRESS FOR FUTURE PROPERTY TAX STATEMENTS						
ADDRESS	СІТҮ	STA	TE ZIP CODI			
	CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true,						
SIGNATURE OF PERSONAL REPRESENTATIVE	correct and complete to the best of my	KNOWIEDGE and Delief. PRINTED NAME OF PERSONAL REPRESENTATI				
		FRINTED NAME OF FERSONAL REFRESENTATI	VE			
TITLE		DATE				
E-MAIL ADDRESS		DAYTIME TELE	PHONE			
E-WAIL ADDRESS			FROME			
	INSTRUCTIONS					
Failure to f	ile a Change in Ownership Statement		nav result i	n a penalty of		
) or 10% of the taxes applicable to the					
	chever is greater, but not to exceed five					
nomeowne	rs' exemption or twenty thousand dollars					
	if that failure to file was not willful. This					
Section 480 of the Revenue and Taxation	ke any other delinquent property taxes	and subjected to the same penaltie	es for nonp	ayment.		
	ownership of real property or of a manufactu	red home that is subject to local proper	ty taxation (and is assossed		
	by the county assessor, the transferee shall file a signed change in ownership statement in the county where the real property or manufactured home is located, as provided for in subdivision (c). In the case of a change in ownership where the transferee is not locally assessed, no change in ownership					
statement is required.						
	i change in ownership statement with the c h that is subject to probate proceedings. Th					
	all other cases in which an interest in real pro					
	nership statement or statements shall be file					
with the county recorder or assessor in	each county in which the decedent owned a	an interest in real property within 150 da	iys after the	date of death.		
The above requested information is require	d by law. Please reference the following:					
	eficial interest passes to the decedent's heir eirs. An attorney should be consulted to disc		eath. Howe	ver, a document		
Change in Ownership: California Code	e of Regulations, Title 18, Rule 462.260(c),		or intestate	succession)"		
shall be "the date of death of deceden		with the filing of the inventory and appro		t to this costion		
	e, Section 8800, states in part, "Concurrent v file a certification that the requirements of S					
	cedent owned no real property in California					
(2) Have been satisfied by the filing of the decedent owned property at th	a change in ownership statement with the o e time of death."	county recorder or assessor of each co	unty in Calif	ornia in which		
	child Exclusions: A claim must be filed withi	n three years after the date of death/tr	ansfer. but i	prior to the date		
	x months after the date of mailing of a Noti					
property for which the claim is filed. An	n application may be obtained by calling XX	X-XXX-XXXX.				
	t be filed with the county assessor. An affida					
This statement will remain confid	ontial on required by Devenue on	d Tayatian Cada Saction 191	which of	atao in port:		

This statement will remain confidential as required by Revenue and Taxation Code Section 481, which states in part: "These statements are not public documents and are not open to inspection, except as provided by Section 408."

