This notice is a request for a completed Change in Ownership Statement. Failure to file this statement will		MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597
result in the assessment of a penalty.	<u> </u>	ax. (101) 403 0001
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
F	the personal re in each county	of the Revenue and Taxation Code requires the presentative file this statement with the Assesse where the decedent owned property at the time parate statement for each parcel of real properties decedent.
NAME OF DECEDENT		DATE OF DEATH
YES NO Did the decedent have an interest in real pr	roperty in this county? If YI	ES, answer all questions. If NO, sign and
Complete the certification on page 2. 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)	DISPOSITION OF REAL	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 13650	pursuant to will
Deed or tax bill is not available; legal description is attached.	Affidavit of death of jo	Action of trustee nursus
		to terms of a trust
TRANSFER INFORMATION 🗹 Check all that apply and list d	etails below.	
Decedent's spouse	ered domestic partner	
Decedent's child(ren) or parent(s.) If qualified for exclusion fr	· _ ·	or Reassessment Exclusion for Transfer
Between Parent and Child must be filed (see instructions). Decedent's grandchild(ren.) If qualified for exclusion from as:	sessment, a <i>Claim for Rea</i>	ssessment Exclusion for Transfer from
Grandparent to Grandchild must be filed (see instructions).		
Cotenant to cotenant. If qualified for exclusion from assessm instructions).	ien <mark>t,</mark> an <i>Affid<mark>avi</mark>t of Cotena</i>	nt Residency <mark>mu</mark> st be filed (see
Other beneficiaries or heirs.		
A trust.		
NAME OF TRUSTEE ADDRESS OF TR	ISTEE	
	JUIL	
List names and percentage of ownership of all beneficiarie	s or heirs:	
NAME OF BENEFICIARY OR HEIRS RELATION	SHIP TO DECEDENT	PERCENT OF OWNERSHIP RECEIVED

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R09-0516-23000465-2 BOE-502-D (P2) REV. 09 (05-16)

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.

			the following becau		
NAME AND ADDRESS OF LEGAL ENTITY		NAM	IE OF PERSON OR ENTITY (GAINING SUC	H CONTROL
	e decedent the lessor or lessee in a lease ? If YES , provide the names and addresse			nore, inclu	uding renewal
NAME	MAILING ADDRESS		CITY	STATE	ZIP CODE
	MAILING ADDRESS FOR FUTURE P	ROPERTY TAX STA	FMENTS		
NAME					
ADDRESS		СІТҮ	STATE		
ADDRESS			STATE		-
	CERTIFICA				
l certify (or declare) u <mark>nd</mark> er	penalty of perjury under the laws of the S correct and complete to the best of	tate of C <mark>al</mark> ifornia that	the information cont	aine <mark>d h</mark> er	ein is true,
SIGNATURE OF SPOUSE/REGISTERED D	OMESTIC PARTNER/PERSONAL REPRESENTATIVE	PRINTED NAME	Dellel.		
▶					
TITLE	$\mathbf{C} \mathbf{A} \mathbf{A} \mathbf{A}$		DATE		
EMAIL ADDRESS	УАМ		DAYTIME TELEP	HONE	
	INSTRUCT	IONS			
	ilure to file a Change in Ownership Stater				
	her \$100 or 10% of the taxes applicable t				
	me, whichever is greater, but not to excee meowners' exemption or twenty thousand				
	emption if that failure to file was not willfu				
	llected like any other delinquent property t				
Section 480 of the Revenue and					
by the county assessor, the tra	nange in ownership of real property or of a man insferee shall file a signed change in ownership division (c). In the case of a change in owners	statement in the county	where the real property	or manufa	actured home is
statement is required.		inp where the adhered		i, no onang	ge in owneromp
owned real property at the tim	shall file a change in ownership statement with the of death that is subject to probate proceeding	gs. Th <mark>e statement s</mark> hal	be filed prior to or at t	he time the	e inventory and
the medium of a trust, the cha	clerk. In all other cases in which an interest in r nge in ownership statement or statements shall sessor in each county in which the decedent ov	be filed by the trustee (if the property was held	l in trust) o	r the transferee
The above requested information	is required by law. Please reference the following	ng:			
0	erty: Beneficial interest passes to the decedent e in the heirs. An attorney should be consulted	, j		ath. Howe	ver, a document
Change in Ownership: Califor shall be "the date of death of the date of death of the date of death of the date of the dat	ornia Code of Regulations, Title 18, Rule 462.26 f decedent."	60(c), states in part that	"[i]nheritance (by will or	intestate s	succession)"
	bate Code, Section 8800, states in part, "Concu shall also file a certification that the requiremen				
(2) Have been satisfied by th	se the decedent owned no real property in Cali ne filing of a change in ownership statement wit perty at the time of death."			ity in Califo	ornia in which
of transfer to a third party; o	ent/Grandchild Exclusions: A claim must be filed r within six months after the date of mailing of is filed. An application may be obtained by calli	a Notice of Assessed Va			
Cotenant to cotenant. An affi	idavit must be filed with the county assessor. An	n affidavit may be obtain	ed by calling XXX-XXX	-XXXX.	

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."

