| 02-D-R08-0514-30000432-1<br>502-D (P1) REV. 08 (05-14)<br>CHANGE IN OWNERSHIP STATEMENT<br>DEATH OF REAL PROPERTY OWNER                                  | Sand                                                |                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                          | S S S S S S S S S S S S S S S S S S S               | Orange County Assessor<br>Civic Center Plaza, Building 11<br>625 N. Ross Street, Room 142<br>P.O. Box 1948                                                                                                                                      |
| This notice is a request for a completed Change in<br>Ownership Statement. Failure to file this statement will<br>result in the assessment of a penalty. |                                                     | Santa Ana, CA 92702-1948<br>(714) 834-5031<br>www.ocgov.com/assessor                                                                                                                                                                            |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)                                                         |                                                     |                                                                                                                                                                                                                                                 |
| F                                                                                                                                                        | the pers<br>in each<br>death. <b>F</b>              | 480(b) of the Revenue and Taxation Code requires<br>sonal representative file this statement with the Asse<br>county where the decedent owned property at the tim<br>File a separate statement for each parcel of real prop<br>by the decedent. |
| L                                                                                                                                                        |                                                     | 1                                                                                                                                                                                                                                               |
| NAME OF DECEDENT                                                                                                                                         |                                                     | DATE OF DEATH                                                                                                                                                                                                                                   |
|                                                                                                                                                          | property in this count                              | y? If YES, answer all questions. If NO, sign and                                                                                                                                                                                                |
| CITY                                                                                                                                                     | ZIF                                                 | P CODE ASSESSOR'S PARCEL NUMBER (APN) *                                                                                                                                                                                                         |
|                                                                                                                                                          |                                                     | *If more than 1 parcel, attach separate sh                                                                                                                                                                                                      |
|                                                                                                                                                          | DISPOSITION OF                                      |                                                                                                                                                                                                                                                 |
| Copy of deed by which decedent acquired title is attached.                                                                                               | . Succession w                                      |                                                                                                                                                                                                                                                 |
| Copy of decedent's most recent tax bill is attached.                                                                                                     | Probate Code                                        | 13650 distribution pursuant to will                                                                                                                                                                                                             |
| Deed or tax bill is not available; legal description is attache                                                                                          | ed. 🔽 Affidavit of dea                              | ath of joint tenant Action of trustee pursu to terms of a trust                                                                                                                                                                                 |
| TRANSFER INFORMATION I Check all that apply and list                                                                                                     |                                                     |                                                                                                                                                                                                                                                 |
| Decedent's spouse Decedent's regis                                                                                                                       | stered domestic partn                               | er                                                                                                                                                                                                                                              |
| Decedent's child(ren) or parent(s.) If qualified for exclusion<br>Between Parent and Child must be filed (see instructions).                             |                                                     | Claim for Reassessment Exclusion for Transfer                                                                                                                                                                                                   |
| Decedent's grandchild(ren.) If qualified for exclusion from a<br>Grandparent to Grandchild must be filed (see instructions).                             |                                                     | for Reassessment Exclusion for Transfer from                                                                                                                                                                                                    |
| Cotenant to cotenant. If qualified for exclusion from assess instructions).                                                                              | smen <mark>t,</mark> an Affid <mark>avi</mark> t of | Cotenant Residency must be filed (see                                                                                                                                                                                                           |
| Other beneficiaries or heirs.                                                                                                                            |                                                     |                                                                                                                                                                                                                                                 |
| A trust.                                                                                                                                                 |                                                     |                                                                                                                                                                                                                                                 |
| NAME OF TRUSTEE ADDRESS OF T                                                                                                                             | TRUSTEE                                             | -                                                                                                                                                                                                                                               |
|                                                                                                                                                          |                                                     |                                                                                                                                                                                                                                                 |
| List names and percentage of ownership of all beneficiar                                                                                                 | ries or heirs:                                      |                                                                                                                                                                                                                                                 |
| List names and percentage of ownership of an perfericial                                                                                                 | ONSHIP TO DECEDENT                                  | PERCENT OF OWNERSHIP RECEIVED                                                                                                                                                                                                                   |
|                                                                                                                                                          |                                                     |                                                                                                                                                                                                                                                 |
|                                                                                                                                                          |                                                     |                                                                                                                                                                                                                                                 |
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R08-0514-30000432-2 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                                                                      | LEGAL ENTITY     NAME OF PERSON OR ENTITY GAINING SUCH CONTROL                                                                                |                                                   | CH CONTROL               |                 |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|-----------------|
|                                                                                                       | t the lessor or lessee in a lease that h<br>provide the names and addresses of al                                                             |                                                   | nore, incl               | uding renewal   |
| NAME                                                                                                  | MAILING ADDRESS                                                                                                                               | CITY                                              | STATE                    | ZIP CODE        |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
| ΜΔΙΙΙ                                                                                                 | NG ADDRESS FOR FUTURE PROPE                                                                                                                   | RTY TAX STATEMENTS                                |                          |                 |
| NAME                                                                                                  |                                                                                                                                               |                                                   |                          |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
| ADDRESS                                                                                               | CITY                                                                                                                                          | STATI                                             |                          | 1               |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
| l certify (or declare) u <mark>nd</mark> er pena <mark>lty</mark> o<br>co                             | f perjury under the laws of the State of<br>prect and complete to the best of my k                                                            | <sup>c</sup> California that the information cont | aine <mark>d h</mark> er | ein is true,    |
| SIGNATURE OF PERSONAL REPRESENTATIVE                                                                  |                                                                                                                                               | PRINTED NAME OF PERSONAL REPRESENTATIV            | E                        |                 |
|                                                                                                       |                                                                                                                                               |                                                   |                          |                 |
| TITLE                                                                                                 |                                                                                                                                               | DATE                                              |                          |                 |
| E-MAIL ADDRESS                                                                                        | AN/IF                                                                                                                                         | DAYTIME TELEP<br>( )                              | HONE                     |                 |
|                                                                                                       | INSTRUCTIONS                                                                                                                                  |                                                   |                          |                 |
| Failure to fil                                                                                        | e a Change in Ownership Statement v                                                                                                           | vithin the time prescribed by law ma              | ay result i              | n a penalty of  |
| either \$100                                                                                          | or 10% of the taxes applicable to the                                                                                                         | new base year value of the real pro               | operty or                | manufactured    |
|                                                                                                       | never is greater, but not to exceed five                                                                                                      |                                                   |                          |                 |
| nomeowners                                                                                            | s' exemption or twenty thousand dollars                                                                                                       |                                                   |                          |                 |
|                                                                                                       | that failure to file was not willful. This<br>any other delinquent property taxes a                                                           |                                                   |                          |                 |
| Section 480 of the Revenue and Taxation Co                                                            |                                                                                                                                               | and subjected to the sume penalities              |                          | ayment.         |
| (a) Whenever there occurs any change in ov                                                            |                                                                                                                                               | ed home that is subject to local property         | / taxation a             | and is assessed |
| by the county assessor, the transferee sh                                                             | all file a signed change in ownership statem                                                                                                  | ent in the county where the real property         | y or manufa              | actured home is |
| located, as provided for in subdivision (c) statement is required.                                    | . In the case of a change in ownership whe                                                                                                    | ere the transferee is not locally assessed        | d, no chan               | ge in ownership |
| (b) The personal representative shall file a                                                          | change in ownership statement with the co                                                                                                     | ounty recorder or assessor in each cou            | ntv in whic              | h the decedent  |
|                                                                                                       | that is subject to probate proceedings. Th                                                                                                    |                                                   |                          |                 |
| appraisal is filed with the court clerk. In a                                                         | l other cases in which an interest in real pro                                                                                                | perty is transferred by reason of death, in       | ncluding a f             | ransfer through |
|                                                                                                       | ership statement or statements shall be file<br>ach county in which the decedent owned a                                                      |                                                   |                          |                 |
| The above requested information is required                                                           |                                                                                                                                               | The countreal property within 100 day             |                          |                 |
|                                                                                                       | , ,                                                                                                                                           | offectively on the decodent's date of de          | oth Howo                 | vor a dogumant  |
| must be recorded to vest title in the hei                                                             | ficial interest passes to the decedent's heirs<br>rs. An attorney should be consulted to discu                                                | uss the specific facts of your situation.         |                          |                 |
| <ul> <li>Change in Ownership: California Code<br/>shall be "the date of death of decedent.</li> </ul> | of Regulations, Title 18, Rule 462.260(c), s                                                                                                  | tates in part that "[i]nheritance (by will o      | r intestate              | succession)"    |
| the personal representative shall also f                                                              | Section 8800, states in part, "Concurrent w<br>le a certification that the requirements of Se<br>edent owned no real property in California a | ection 480 of the Revenue and Taxation            |                          |                 |
| · · · · · · · · · · · · · · · · · · ·                                                                 | a change in ownership statement with the c                                                                                                    |                                                   | nty in Calife            | ornia in which  |
| of transfer to a third party; or within six                                                           | nild Exclusions: A claim must be filed within<br>months after the date of mailing of a Notic<br>application may be obtained by calling XXX    | e of Assessed Value Change, issued as             |                          |                 |
| Cotenant to cotenant. An affidavit must                                                               | be filed with the county assessor. An affida                                                                                                  | vit may be obtained by calling XXX-XXX            | (-XXXX.                  |                 |
| This statement will remain confide                                                                    | ntial as required by Revenue and                                                                                                              | A Taxation Code Section 481                       | which ct                 | atos in part:   |

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."

