| -58-H-R01-1212-11000274-1<br>E-58-H REV. 01 (12/12)   | SULOF  | Sendy Perez<br>Glenn County Assessor/Clerk/Record<br>516 W. SYCAMORE ST., 2ND FLOOR   |
|---|--|---|
| AFFIDAVIT OF COTENANT RESIDENCY   | Funda  | WILLOWS, CA 95988<br>Phone: (530) 934-6402<br>FAX: (530) 934-6571   |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |  |   |
| F   | 62.3, if ce<br>interest i<br>cotenant<br>not a cha | e provisions of Revenue and Taxation Code section<br>ertain conditions are met, a transfer of a cotenancy<br>in real property from one cotenant to the other<br>that takes effect upon the death of one cotenant is<br>ange in ownership. This applies to transfers that<br>or after January 1, 2013. |
| L   |  |   |
| <ul> <li>The change in ownership exclusion for a transfer of an interest in reapplies as long as all of the following are met:</li> <li>The transfer is solely by and between two individuals who together the death of the transferer extended, the death of the transferer extended.</li> </ul> | ether own 100 percent of th                        | e real property in joint tenancy or tenancy in common.  |
| <ul> <li>As a result of the death of the transferor cotenant, the decease<br/>resulting in the surviving cotenant owning 100 percent of the resulting</li> </ul>  |  |   |
| For the one-year period immediately preceding the death of the The real area at ways the animinal residence of hoth extenses  |  |   |
| <ul> <li>The real property was the principal residence of both cotenant</li> <li>For the one-year period immediately preceding the death of the</li> </ul>  |  |   |
| • The surviving cotenant must sign, under penalty of perjury, an  | affidavit affirming that he o                      |   |
| deceased cotenant for the one-year period immediately preced  | ding the date of death.                            |   |
| NAME OF SURVIVING COTENANT  |  |   |
| NAME OF DECEASED COTENANT   |  | DATE OF DEATH   |
|   |  | DATE OF DEATH   |
| STREET ADDRESS OF REAL PROPERTY   |  | ASSESSOR'S PARCEL NUMBER (APN)  |
| CITY, STATE, ZIP CODE   |  | $\cup$  |
| Property was eligible for:  Homeowners' Exemption   | Disabled Veterans' Exempt                          | tion  |
| Disposition of real property:   |  |   |
| Affidavit of death of joint tenant  |  |   |
| Decree of distribution pursuant to will or intestate succession   | ion  | -   |
| Action of trustee pursuant to terms of trust (Attach a complete action)   | lete copy of trust and all ar                      | nendments)  |
| 1. Was this real property the principal residence of the deceased cot   | tenant the one-year period                         | prior to the date of death?  Yes  No  |
| 2. Was this real property the principal residence of the surviving cote   | enant the one-year period p                        | prior to the date of death?   |
| 3. Are there any other beneficiaries of the real property?  | s 🖂 No   |   |
| If yes, please list other beneficiaries:  |  |   |
|   |  |   |
| CERTIFIC<br>I certify (or declare) under penalty of perjury under the laws of a   | CATION OF COTENA                                   |   |
| any accompanying statements or documents, is true and correct<br>decedent in this real property for the one-year period immediat  | ct to the best of my know                          | wledge and that I continuously resided with the   |
| SIGNATURE OF SURVIVING COTENANT   |  | DATE  |

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

TELEPHONE NUMBER



EMAIL ADDRESS