	the personal representative file this statement with the Ass in each county where the decedent owned property at the til death. File a separate statement for each parcel of real pro- bowned by the decedent. DATE OF DEATH a county? If YES, answer all questions. If NO, sign and ZIP CODE ASSESSOR'S PARCEL NUMBER (APN)* *If more than 1 parcel, attach separate so ON OF REAL PROPERTY sion without a will Code 13650 distribution t of death of joint tenant C partner ent, a Claim for Reassessment Exclusion for Transfer
wnership Statement. Failure to file this statement will sult in the assessment of a penalty.         NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) <ul> <li></li></ul>	Recorder's Office Phone: 707-263-2293         Fax: 707-263-3703         Section 480(b) of the Revenue and Taxation Code requires the personal representative file this statement with the Assain each county where the decedent owned property at the tir death. File a separate statement for each parcel of real propowned by the decedent.         DATE OF DEATH         a county? If YES, answer all questions. If NO, sign and 2IP CODE         ASSESSOR'S PARCEL NUMBER (APN)*         *If more than 1 parcel, attach separate store than 1 parcel, attach separate store of distribution pursuant to will         a code 13650 distribution to death of joint tenant         b code 13650 distribution         c to death of joint tenant
(Make necessary corrections to the printed name and mailing address)         Image: Section 1         Image: Section 2         Image: Section 2	the personal representative file this statement with the Asse in each county where the decedent owned property at the tin death. File a separate statement for each parcel of real prop owned by the decedent. DATE OF DEATH a county? If YES, answer all questions. If NO, sign and ZIP CODE ASSESSOR'S PARCEL NUMBER (APN) * *If more than 1 parcel, attach separate s ON OF REAL PROPERTY sion without a will Code 13650 distribution t of death of joint tenant C partner ent, a Claim for Reassessment Exclusion for Transfer
MME OF DECEDENT         YES       NO       Did the decedent have an interest in real property in this complete the certification on page 2.         REET ADDRESS OF REAL PROPERTY       CITY         ESCRIPTIVE INFORMATION       ✓ (IF APN UNKNOWN)         Copy of deed by which decedent acquired title is attached.       ✓ Succes         Copy of decedent's most recent tax bill is attached.       ✓ Probate         Deed or tax bill is not available; legal description is attached.       ✓ Affidavi         RANSFER INFORMATION       ✓ Check all that apply and list details below.         Decedent's spouse       Decedent's registered domestic         Decedent's child(ren) or parent(s.) If qualified for exclusion from assessme Between Parent and Child must be filed (see instructions).       Decedent's grandchild(ren.) If qualified for exclusion from assessment, a Grandparent to Grandchild must be filed (see instructions).         Cotenant to cotenant. If qualified for exclusion from assessment, an Affid instructions).	DATE OF DEATH a county? If YES, answer all questions. If NO, sign and ZIP CODE ASSESSOR'S PARCEL NUMBER (APN)* *If more than 1 parcel, attach separate si ON OF REAL PROPERTY ✓ sion without a will c Code 13650 distribution t of death of joint tenant Code at the separate of the s
YES       NO       Did the decedent have an interest in real property in this complete the certification on page 2.         REET ADDRESS OF REAL PROPERTY       CITY         ESCRIPTIVE INFORMATION       If (IF APN UNKNOWN)       DISPOSITION         Copy of deed by which decedent acquired title is attached.       Succes         Copy of decedent's most recent tax bill is attached.       Probate         Deed or tax bill is not available; legal description is attached.       Affidavi         RANSFER INFORMATION       Image: Check all that apply and list details below.         Decedent's spouse       Decedent's registered domestion         Decedent's grandchild(ren.) If qualified for exclusion from assessment, a Grandparent to Grandchild must be filed (see instructions).       Cotenant to cotenant. If qualified for exclusion from assessment, an Affid instructions).	s county? If YES, answer all questions. If NO, sign and ZIP CODE ASSESSOR'S PARCEL NUMBER (APN)* *If more than 1 parcel, attach separate si ON OF REAL PROPERTY Sion without a will Code 13650 distribution t of death of joint tenant C partner ent, a Claim for Reassessment Exclusion for Transfer
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Decedent's spouse       Decedent's registered domestic         Decedent's child(ren) or parent(s.) If qualified for exclusion from assessment and Child must be filed (see instructions).         Decedent's grandchild(ren.) If qualified for exclusion from assessment, a Grandparent to Grandchild must be filed (see instructions).         Cotenant to cotenant. If qualified for exclusion from assessment, an Affid instructions).	ent, a Claim for Reassessment Exclusion for Transfer
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instructions).	
	avi <mark>t of Cotenant Residency mu</mark> st be filed (see
_ A trust.	
AME OF TRUSTEE ADDRESS OF TRUSTEE	
List names and percentage of ownership of all beneficiaries or heirs:	
NAME OF BENEFICIARY OR HEIRS RELATIONSHIP TO DECEN	DENT PERCENT OF OWNERSHIP RECEIVED
This property has been or will be sold prior to distribution. (Attach the con	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R09-0516-17000444-2 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.

NAME AND ADDRESS OF LEGAL ENT	TITY	NAME OF PERSON OR	NAME OF PERSON OR ENTITY GAINING SUCH CONTROL				
		or lessee in a lease that han a lease that han a lease and addresses of al	ad an original term of 35 yea I other parties to the lease.	rs or more, incl	uding renewal		
NAME	M	AILING ADDRESS	CITY	STATE	ZIP CODE		
MAILING ADDRESS FOR FUTURE PROPERTY TAX STATEMENTS							
	T						
ADDRESS I certify (or declare) un	der penalty of perjury und	CITY CERTIFICATION der the laws of the State of omplete to the best of my k	California that the informatio	STATE ZIP CODE			
SIGNATURE OF SPOUSE/REGISTER			PRINTED NAME				
TITLE DATE							
EMAIL ADDRESS	<b>NA</b>	1///	DAYTIM (	E TELEPHONE )			
INSTRUCTIONS							
IMPORTANT	either \$100 or 10% of the home, whichever is great homeowners' exemption exemption if that failure collected like any other	he taxes applicable to the ater, but not to exceed five or twenty thousand dollars to file was not willful. This delinguent property taxes a	vithin the time prescribed by new base year value of the r thousand dollars (\$5,000) if (\$20,000) if the property is no penalty will be added to the and subjected to the same pe	eal property or the property is ot eligible for the assessment ro	manufactured eligible for the homeowners' II and shall be		
Section 480 of the Revenue a							
by the county assessor, the located, as provided for in statement is required. (b) The personal representati	e transferee shall file a signe subdivision (c). In the case we shall file a change in ow	ed change in ownership statem of a change in ownership whe vnership statement with the co	ed home that is subject to local p ent in the county where the real p ere the transferee is not locally as punty recorder or assessor in ea	property or manuf ssessed, no chan ch county in whic	actured home is ge in ownership ch the decedent		
appraisal is filed with the co the medium of a trust, the	ourt clerk. In all other cases change in ownership statem	in which an interest in real property of statements shall be file	e statement shall be filed prior to perty is transferred by reason of c d by the trustee (if the property w n interest in real property within 1	leath, including a t /as held in trust) c	transfer through or the transferee		
The above requested information	tion is required by law. Pleas	se reference the following:					
must be recorded to vest	t title in the heirs. An attorne	y should be consulted to discu	effectively on the decedent's dat iss the specific facts of your situa	ation.	,		
shall be "the date of deat	th of decedent."		tates in part that "[i]nheritance (b		,		
the personal representat (1) Are not applicable be (2) Have been satisfied b	ive shall also file a certification cause the decedent owned	ion that the requirements of Se no real property in California a wnership statement with the co	ith the filing of the inventory and a action 480 of the Revenue and Ta It the time of death punty recorder or assessor of ea	axation Code eith	er:		
Parent/Child and Grandparent/Grandchild Exclusions: A claim must be filed within three years after the date of death/transfer, but prior to the date of transfer to a third party; or within six months after the date of mailing of a Notice of Assessed Value Change, issued as a result of the transfer of property for which the claim is filed. An application may be obtained by calling XXX-XXX-XXXX.							
		*	vit may be obtained by calling XX		otoo in nort:		

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."

