| 2-D-R08-0514-42000344-1<br>2-D (P1) REV. 08 (05-14)<br>HANGE IN OWNERSHIP STATEMENT<br>EATH OF REAL PROPERTY OWNER   | TAN AND AND AND AND AND AND AND AND AND A                 | County Clerk, Recorder and Asses  |
|--|---|---|
| FATH OF REAL PROPERTY OWNER  | S   | P.O. Box 159, Santa Barbara, CA 93102-0159<br>Santa Barbara (805) 568-2550  |
|  | CALIFORNIE  | Santa Maria (805) 346-8310  |
| is notice is a request for a completed Change in<br>vnership Statement. Failure to file this statement will<br>sult in the assessment of a penalty.            |   |   |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)   |   |   |
| Г  | ٦   |   |
|  | the perso<br>in each co<br>death. <b>Fil</b> e            | 80(b) of the Revenue and Taxation Code requires<br>nal representative file this statement with the Asse<br>ounty where the decedent owned property at the tin<br>e a separate statement for each parcel of real prop<br>y the decedent. |
| L  |   |   |
| ME OF DECEDENT   |   | DATE OF DEATH   |
| YES NO Did the decedent have an interest in real p<br>complete the certification on page 2.  | property in this county?                                  | ? If YES, answer all questions. If NO, sign and   |
| REET ADDRESS OF REAL PROPERTY  | ZIP C   | ODE ASSESSOR'S PARCEL NUMBER (APN) * *If more than 1 parcel, attach separate si   |
|  | DISPOSITION OF F  |   |
|  |   |   |
| Copy of deed by which decedent acquired title is attached.   | Succession with   | Dursuant to will  |
| Copy of decedent's most recent tax bill is attached.   |   |   |
| Deed or tax bill is not available; legal description is attached   | I. Affidavit of deat                                      | h of joint tenant to terms of a trust   |
| ANSFER INFORMATION Check all that apply and list of  | details below.  |   |
|  |   |   |
|  | tered domestic partner                                    |   |
| Decedent's child(ren) or parent(s.) If qualified for exclusion f<br>Between Parent and Child must be filed (see instructions).                                 | from as <mark>se</mark> ssment, a <i>Cl</i>               | laim for Reassessment Exclusion for Transfer  |
| Decedent's grandchild(ren.) If qualif <mark>ied for</mark> exclusion f <mark>ro</mark> m as <i>Grandparent to Grandchild</i> must be filed (see instructions). | ssessment, a <i>Claim fo</i>                              | r Reassessment Exclusion for Transfer from  |
| Cotenant to cotenant. If qualified for exclusion from assessr<br>instructions).  | men <mark>t,</mark> an <i>Affid<mark>avit</mark> of</i> C | otenant Residency <mark>mu</mark> st be filed (see  |
| Other beneficiaries or heirs.  |   |   |
| A trust.   |   | _   |
| ME OF TRUSTEE ADDRESS OF TR  | RUSTEE  | -   |
| List names and percentage of ownership of all beneficiarie   | es or heirs:  |   |
|  | NSHIP TO DECEDENT   | PERCENT OF OWNERSHIP RECEIVED   |
|  |   |   |
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R08-0514-42000344-2 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 ENTITY                   | NAME OF PERSON OR ENTITY GAINING SUCH CONTROL |                    |  |
|--|--|--|---|--------------------|--|
|  | decedent the lessor or lessee in a lease that<br>If <b>YES</b> , provide the names and addresses of a  |  | more, incl                                    | uding renewal      |  |
| NAME   | MAILING ADDRESS  | CITY                                       | STATE   | ZIP CODE           |  |
|  |  |  |   |                    |  |
|  |  |  |   |                    |  |
|  |  |  |   |                    |  |
|  |  |  |   |                    |  |
|  |  |  |   |                    |  |
|  | MAILING ADDRESS FOR FUTURE PROP  | ERTY TAX STATEMENTS                        |   |                    |  |
| NAME   |  |  |   |                    |  |
| ADDRESS  | СІТҮ   | STA  |   | Ξ                  |  |
|  |  |  |   |                    |  |
| l certify (or declare) u <mark>nd</mark> er p                | centification<br>penalty of perjury under the laws of the State of<br>correct and complete to the best of my   | of California that the information cor     | ntaine <mark>d</mark> her                     | rein is true,      |  |
| SIGNATURE OF PERSONAL REPRESENTAT                            |  | PRINTED NAME OF PERSONAL REPRESENTATI      | VE  |                    |  |
|  |  |  |   |                    |  |
| TITLE  |  | DATE                                       |   |                    |  |
| E-MAIL ADDRESS   |  | DAYTIME TELE                               | PHONE   |                    |  |
|  |  | ( )  |   |                    |  |
| <b>F</b> . (1)   |  |  |   |                    |  |
|  | ure to file a Change in Ownership Statement<br>er \$100 or 10% of the taxes applicable to the  |  |   |                    |  |
|  | e, whichever is greater, but not to exceed five  |  |   |                    |  |
| INFORTANT hom  | eowners' exemption or twenty thousand dollar   | s (\$20,000) if the property is not elig   | ible for the                                  | homeowners'        |  |
|  | mption if that failure to file was not willful. Thi  |  |   |                    |  |
| Section 480 of the Revenue and Ta                            | ected like any other delinquent property taxes   | and subjected to the same penaltie         | es for nonp                                   | ayment.            |  |
|  | inge in ownership of real property or of a manufacti   | red home that is subject to local proper   | ty taxation a                                 | and is assessed    |  |
|  | sferee shall file a signed change in ownership state   |  |   |                    |  |
|  | ivision (c). In the case of a change in ownership w  | here the transferee is not locally assess  | ed, no chan                                   | ge in ownership    |  |
| statement is required.<br>(b) The personal representative sh | all file a change in ownership statement with the  | county recorder or assessor in each co     | untv in whic                                  | h the decedent     |  |
| owned real property at the time                              | of death that is subject to probate proceedings. T   | he statement shall be filed prior to or a  | the time th                                   | e inventory and    |  |
| appraisal is filed with the court cl                         | lerk. In all other cases in which an interest in real pr   | operty is transferred by reason of death,  | including a                                   | transfer through   |  |
|  | ge in ownership <mark>sta</mark> tement o <mark>r s</mark> tate <mark>me</mark> nts shall be fil<br>essor in each county in which the decedent owned |  |   |                    |  |
|  | s required by law. Please reference the following:   |  | ,   |                    |  |
| Passage of Decedent's Proper                                 | rty: Beneficial interest passes to the decedent's heilin the heirs. An attorney should be consulted to dis   |  | eath. Howe                                    | ver, a document    |  |
|  | nia Code of Regulations, Title 18, Rule 462.260(c),  | , ,  | or intestate                                  | succession)"       |  |
|  | ate Code, Section 8800, states in part, "Concurrent  | with the filing of the inventory and appra | sal pursuan                                   | t to this section. |  |
| the personal representative sh                               | hall also file a certification that the requirements of  | Section 480 of the Revenue and Taxatio     |   |                    |  |
| .,   | e the decedent owned no real property in California  |  | untu in Colif                                 | ornio in which     |  |
| (2) Have been satisfied by the the decedent owned prope      | filing of a change in ownership statement with the erty at the time of death."   | county recorder or assessor of each col    | anty in Calli                                 |                    |  |
|  | t/Grandchild Exclusions: A claim must be filed with  | in three years after the date of death/tr  | ansfer, but i                                 | prior to the date  |  |
| of transfer to a third party; or v                           | within six months after the date of mailing of a Not   | ice of Assessed Value Change, issued a     |   |                    |  |
| property for which the claim is                              | filed. An application may be obtained by calling $XX$  | XX-XXX-XXXX.                               |   |                    |  |
|  | avit must be filed with the county assessor. An affic  | , , ,                                      |   | atao in marti      |  |

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."

