| | Douglas W. Wacker |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02-D-R10-0617-17000341-1 i02-D (P1) REV. 10 (06-17) CHANGE IN OWNERSHIP STATEMENT DEATH OF REAL PROPERTY OWNER | County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 |
| This notice is a request for a completed Change in Dwnership Statement. Failure to file this statement will esult in the assessment of a penalty. | Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703 |
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | |
| Γ | Section 480(b) of the Revenue and Taxation Code requi the personal representative file this statement with the A in each county where the decedent owned property at the death. File a separate statement for each parcel of real p owned by the decedent. |
| L | DATE OF DEATH |
| YES NO Did the decedent have an interest in reacomplete the certification on page 2. STREET ADDRESS OF REAL PROPERTY CITY | al property in this county? If YES, answer all questions. If NO, sign a ZIP CODE ASSESSOR'S PARCEL NUMBER (APN) * *If more than 1 parcel, attach separate |
| | DISPOSITION OF REAL PROPERTY |
| Copy of deed by which decedent acquired title is attached | d. Succession without a will Decree of distribution |
| 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 attach | ed Affidavit of death of joint tenant Action of trustee pu |
| | |
| TRANSFER INFORMATION Check all that apply and lis | |
| Decedent's spouse Decedent's reg | istered domestic partner |
| Decedent's child(ren) or parent(s.) If qualified for exclusio Between Parent and Child must be filed (see instructions) | n from as <mark>se</mark> ssment, a <i>Claim for Reassessment Exclusion for Transf</i>). |
| Decedent's grandchild(ren.) If qualified for exclusion from Grandparent to Grandchild must be filed (see instructions | assessment, a Claim for Reassessment Exclusion for Transfer from). |
| Cotenant to cotenant. If qualified for exclusion from asses instructions). Other beneficiaries or heirs. | ssmen <mark>t, a</mark> n <i>Affid<mark>avi</mark>t of Cotenant Residency</i> must be filed (see |
| | |
| A trust. | |
| JAME OF TRUSTEE ADDRESS OF | F TRUSTEE |
| | |
| List names and percentage of ownership of all beneficia | aries or heirs: |
| NAME OF BENEFICIARY OR HEIRS RELAT | IONSHIP TO DECEDENT PERCENT OF OWNERSHIP RECEIVED |
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| | |
| This property has been or will be sold prior to distribution. | (Attach the conveyance document and/or court order). |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R10-0617-17000341-2 BOE-502-D (P2) REV. 10 (06-17)

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.

| | | | owing ocouon. | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------|-----------------|
| NAME AND ADDRESS OF LEGAL ENTITY | | NAME OF PER | SON OR ENTITY GAINING SU | CH CONTROL |
| | e decedent the lessor or lessee in a lease t ? If YES , provide the names and addresses | | | uding renewal |
| NAME | MAILING ADDRESS | CITY | STATE | ZIP CODE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | MAILING ADDRESS FOR FUTURE PF | ROPERTY TAX STATEMEN | TS | |
| NAME | | | | |
| | | | | |
| ADDRESS | | CITY | STATE ZIP COD | E |
| | CERTIFICAT | | | |
| l certify (or declare) u <mark>nd</mark> er | penalty of perjury under the laws of the Sta correct and complete to the best of | ate of C <mark>al</mark> iforn <mark>ia that the i</mark> nfo | rmation containe <mark>d</mark> he | rein is true, |
| SIGNATURE OF SPOUSE/REGISTERED D | OMESTIC PARTNER/PERSONAL REPRESENTATIVE | PRINTED NAME | | |
| | | | | |
| TITLE | | | DATE | |
| EMAIL ADDRESS | | | DAYTIME TELEPHONE | |
| | | | () | |
| | INSTRUCTI | | | |
| | illure to file a Change in Ownership Statem | | | |
| | her \$100 or 10% of the taxes applicable to me, whichever is greater, but not to excee | | | |
| | meowners' exemption or twenty thousand d | | | |
| | emption if that failure to file was not willful | | | |
| | llected like any other delinguent property ta | | | |
| Section 480 of the Revenue and | | | | |
| by the county assessor, the tra located, as provided for in sub | hange in ownership of real property or of a manu ansferee shall file a signed change in ownership s odivision (c). In the case of a change in ownersh | statement in the county where th | e real property or manuf | actured home is |
| statement is required. | shall file a change is our parabig statement with | the county recorder or econom | r in each county in whi | ah tha daaadaat |
| | shall file a change in ownership statement with ne of death that is subject to probate proceeding | | | |
| | clerk. In all other cases in which an interest in re | | | |
| | nge in ownership statement or statements shall | | | |
| | sessor in each county in which the decedent ow | | within 150 days after the | |
| • | is required by law. Please reference the followir | • | | |
| U U | perty: Beneficial interest passes to the decedent's e in the heirs. An attorney should be consulted to | 5 | | ver, a document |
| Change in Ownership: Califor shall be "the date of death or | ornia Code of Regulations, Title 18, Rule 462.260 f decedent." | 0(c), states in part that "[i]nherita | ance (by will or intestate | succession)" |
| the personal representative (1) Are not applicable becau | bate Code, Section 8800, states in part, "Concur shall also file a certification that the requirements se the decedent owned no real property in Califo of files of a shares in ownership statement with | s of Section 480 of the Revenue ornia at the time of death | and Taxation Code eith | er: |
| | ne filing of a change in ownership statement with perty at the time of death." | | or or each county in Call | |
| 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 a is filed. An application may be obtained by ccon | Notice of Assessed Value Cha | | |
| Cotenant to cotenant. An aff | idavit must be filed with the county assessor. An | affidavit may be obtained by ca | alling contacting the cour | nty assessor. |
| This statement will remain | n confidential as required by Revenue | e and Taxation Code Se | ction 481, which st | ates in part: |

"These statements are not public documents and are not open to inspection, except as provided by Section 408."

