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-572-A-R02-0910-22000063-1 -572-A (P1) REV. 02 (09-10)			4982 10th Si P.O. Box 35	t	Assessor/Record
SURANCE COMPANY ATEMENT OF TRANSFER	ANDOSA COUNT		Mariposa, C. Ph: (209) 96 Fax: (209) 9	A 95338 6-2332	
this report with the Assessor of the county are the real property is located.			r u.t. (200) 0		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing addres	s)				
L This is a written request made pursuant to section 480.7 $\sigma$	⊥ St the Revenue or	d Tayatian Cada	This report	must be com	platad in datail by the
taxpayer and filed with the Assessor within 45 days from the penalty of \$1,000 in addition to any other penalty prescribed If no transfers of the type described have occurred, you do this report within 45 days of the transfer. If a Change in Owr	ne date of the sub I by law. not have to file at	ject transfer of reating this time. If a trans	al property. F	ailure to file o in the future, y	on time will result in a you are required to file
transaction, attach a copy.					
PROPERTY INFORMATION					
1. DATE OF TRANSFER OF REAL PROPERTY 2. AMOUNT OF CONSIDE	RATION	3. TYPE OF CON	SIDERATION (MONEY, GOODS, ETC.)		
4. LOCATION AND DESCRIPTION OF PROPERTY		$\square$			
5. TRANSFERRED FROM			6. TRANSF	ERRED TO	
ACCOUNT ID ACCOUNT NAM		ACCOUNT ID		AC	COUNT NAME
7. TYPE OF TRANSFER. CHECK AND COMPLETE THE APPP	OPRIATE TYPE.				
a. D PURCHASE/SALE					
b. LEASE/PURCHASE: LEASE PAYMENT \$	LEASE E	END BUYOUT \$			
C. 🗌 JOINT VENTURE:	_				
PARTNERS BEGINNING % CHANGE					
% OWNED BEGINNING END	+				
d. INTERNAL REALLOCATION: FROM			то		
8. CONTACT INFORMATION					
NAME OF PERSON TO CONTACT				DAYTIME TELEPH	ONE NUMBER
COMPANY NAME OF PERSON TO CONTACT			EMAIL ADDRES	SS /	
ADDRESS		CITY		STATE	ZIP CODE
	CERTIFICATIO				
I certify (or declare) under penalty of perjury under the laws of statements or documents, and to the best of my knowledg reported by the person named in this statement. If prepared the information of which the preparer has knowledge. This st	of the State of Calif e and belief it is t l by a duly authoriz	ornia that I have e. rue, correct, and c zed person other t	complete an han the taxp	d covers all p bayer, the decl	roperty required to be aration is based on all
SIGNATURE OF OWNER, PARTNER, OFFICER, OR LEGAL AGENT			DATE		

PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

## THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



## OFFICIAL REQUIREMENT

This is a written request made pursuant to Revenue and Taxation Code section 480.7. This report must be completed in detail by the taxpayer and filed with the Assessor **within 45** days from the date of the subject transfer of real property. Failure to file it on time will result in a penalty of \$1,000 in addition to any other penalty prescribed by law.

This report is not a public document. The information contained herein will be held secret by the Assessor (Revenue and Taxation Code section 451); it can only be disclosed to the district attorney, grand jury, and other agencies specified in Revenue and Taxation Code section 408. Attached schedules are considered to be part of the report.

## INSTRUCTIONS

The purpose of this statement is to identify and report to the county assessor the transfer of real property that was/is held by an insurance company in a separate account (i.e., separate accounts established either under California Insurance Code Section 10506 or under corresponding insurance laws of the company's state of domicile). References to real property in the following instructions pertain to that real property held in separate accounts.

- **1. Date of transfer:** Enter the date the real property was transferred.
- 2. Cost: Enter the amount of consideration.
- **3. Type:** Enter the medium of the transaction–money, goods, trade, etc.
- 4. Location/Description of Property: Enter the exact location (street address, city, and Zip Code) of the real property and describe (assessor's parcel number or complete legal description).
- 5. Transferred from: Enter the separate account identifying number and account name, or the identification of the third party seller, to which the real property was transferred from.
- 6. Transferred to: Enter the separate account identifying number and account name, or the identification of the third party buyer, to which the real property was transferred to.
- 7. Type of transfer (Check the appropriate box):
  - a. Purchase/sale. The transfer was because of the purchase or sale of real property to or from the separate account.
  - **b.** Lease Purchase. The transfer was because of the lease purchase of real property to or from the separate account. Indicate the amount of the lease payment (i.e., \$10,000/Month), and lease end buy out.
  - **c.** Joint Venture. The transfer was because of the actions of joint venture. Enter the percentage interest of the joint venture allocated to the separate account at the time of the joint venture's acquisition of the real property and any changes in the percentage interest of the joint venture allocated (or internally reallocated) to the separate account as a result of the transfer. Enter the percent interest in the real property owned by the joint venture before and after the transfer.
  - **d.** Internal Reallocation. The transfer was because of an internal reallocation. Indicate the from/to accounts involved in the internal reallocation.
- 8. Contact Information: Enter the name, daytime telephone number, company name, mailing address, and Email address of the person to contact if questions about the real property or this statement should arise.

**ATTACHMENTS:** In lieu of filling out Questions 1 through 8, you may attach a listing. The listing must clearly provide all the requested information and must be listed in the same order as shown on the form.

**SIGNATURE:** This property statement must be signed by an officer or by an employee or agent whom the board of directors has designated in writing, by name or by title, to sign the statement on behalf of the corporation. The board of directors may appoint a person or persons to designate such employee or agent. A record of the written authorization of the appointment and designation must be retained by the assessee for a period of six years from the date of its execution.

