| -58-H-R01-1212-22000218-1 E-58-H REV. 01 (12/12) AFFIDAVIT OF COTENANT RESIDENCY | AND OF COLUMN | Becky Crafts County of Mariposa Assessor/Recorder 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 |
|--|--|--|
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | Г | |
| | 62.3, if certair interest in rea cotenant that not a change | visions of Revenue and Taxation Code section a conditions are met, a transfer of a cotenancy al property from one cotenant to the other takes effect upon the death of one cotenant is in ownership. This applies to transfers that fter January 1, 2013. |
| L | | |
| The change in ownership exclusion for a transfer of an interest in reapplies as long as all of the following are met: The transfer is solely by and between two individuals who togother the descent of the descent between two individuals who togother two individuals who togother the descent between two individuals who togother the descent between two individuals who togother two indin two indintertwhet two indinter two | ether own 100 percent of the rea | I property in joint tenancy or tenancy in common. |
| As a result of the death of the transferor cotenant, the decease resulting in the surviving cotenant owning 100 percent of the resulting the one-year period immediately preceding the death of the transferor cotenant. | eal property, and thereby terminate transferor cotenant, both of the | ating the cotenancy. e cotenants were owners of record. |
| The real property was the principal residence of both cotenant For the one-year period immediately preceding the death of th The surviving cotenant must sign, under penalty of perjury, an deceased cotenant for the one-year period immediately preceding the death of the one-year period immediately precedence. | ne transferor cotenant, both of the affidavit affirming that he or she | e cotenants continuously resided in the real property. |
| NAME OF SURVIVING COTENANT | | |
| NAME OF DECEASED COTENANT | _ | DATE OF DEATH |
| STREET ADDRESS OF REAL PROPERTY | | ASSESSOR'S PARCEL NUMBER (APN) |
| CITY, STATE, ZIP CODE | | |
| Property was eligible for: Homeowners' Exemption | Disabled Veterans' Exemption | |
| 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 comp | lete copy of trust and all amendr | nents) |
| 1. Was this real property the principal residence of the deceased co | tenant the one-year period prior | to the date of death? |
| 2. Was this real property the principal residence of the surviving cote | enant the one-year period prior to | o the date of death? 🔲 Yes 🔲 No |
| 3. Are there any other beneficiaries of the real property? | s 🔲 No | |
| If yes, please list other beneficiaries: | | |
| CEDTIEI | CATION OF COTENANT | |
| I certify (or declare) under penalty of perjury under the laws of any accompanying statements or documents, is true and corre decedent in this real property for the one-year period immedia | the State of California that the ect to the best of my knowledg | e and that I continuously resided with the |
| SIGNATURE OF SURVIVING COTENANT | | DATE |
| EMAIL ADDRESS | | TELEPHONE NUMBER |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

