|  | TY OF HOL  | Cheri Budmark  |
|--|--|--|
| 58-H-R01-1212-25000473-1   | Contraction of the second seco | Modoc County Assessor  |
|  | *  | 204 Sout Court Street, Suite 106   |
| AFFIDAVIT OF COTENANT RESIDENCY  | Alturas, CA 96101<br>Phone: (530) 233-6218   |  |
|  | CALIFORNIA   | Fax: (530) 233-6237  |
|  |  | assessor@co.modoc.ca.us  |
| NAME AND MAILING ADDRESS   |  |  |
| (Make necessary corrections to the printed name and mailing address)   |  |  |
|  | Under the p  | rovisions of Revenue and Taxation Code section   |
|  | -  | ain conditions are met, a transfer of a cotenancy  |
|  |  | eal property from one cotenant to the other<br>at takes effect upon the death of one cotenant is |
|  | not a chang  | e in ownership. This applies to transfers that   |
|  | occur on or  | after January 1, 2013.   |
| L  |  |  |
| <ul> <li>The change in ownership exclusion for a transfer of an interest in real p applies as long as all of the following are met:</li> <li>The transfer is solely by and between two individuals who together</li> <li>As a result of the death of the transferor cotenant, the deceased compared of the transferor cotenant.</li> </ul> | r own 100 percent of the re  | eal property in joint tenancy or tenancy in common.  |
| resulting in the surviving cotenant owning 100 percent of the real p   |  |  |
| <ul> <li>For the one-year period immediately preceding the death of the training</li> </ul>  |  |  |
| • The real property was the principal residence of both cotenants im   |  |  |
| <ul> <li>For the one-year period immediately preceding the death of the tra</li> </ul>   |  |  |
| <ul> <li>The surviving cotenant must sign, under penalty of perjury, an affic</li> </ul>   |  | ie continuously resided in the real property with the  |
| deceased cotenant for the one-year period immediately preceding  | the date of death.   |  |
| NAME OF SURVIVING COTENANT   |  |  |
| NAME OF SURVIVING COTEMANT   |  |  |
| NAME OF DECEASED COTENANT  |  | DATE OF DEATH  |
|  |  |  |
| STREET ADDRESS OF REAL PROPERTY  |  | ASSESSOR'S PARCEL NUMBER (APN)   |
| CITY, STATE, ZIP CODE  |  |  |
|  |  |  |
|  | abled Veterans' Exemption  |  |
| Property was eligible for: Homeowners' Exemption Disa  |  |  |
| ☐ Affidavit of death of joint tenant   |  | _  |
|  |  |  |
| Decree of distribution pursuant to will or intestate succession  |  |  |
| Action of trustee pursuant to terms of trust (Attach a complete  | copy of trust and all amen   | dments)  |
| . Was this real property the principal residence of the deceased cotena  | ant the one-year period prio   | or to the date of death?   |
| . Was this real property the principal residence of the surviving cotenar  |  |  |
|  |  |  |
|  | No   |  |
| If yes, please list other beneficiaries:   |  |  |
| CERTIFICAT   |  | <u>г</u>   |
| I certify (or declare) under penalty of perjury under the laws of the  |  |  |
| any accompanying statements or documents, is true and correct to   | o the best of my knowled   | dge and that I continuously resided with the   |
| decedent in this real property for the one-year period immediately<br>SIGNATURE OF SURVIVING COTENANT  | preceding the decedent's   | · · · · · · · · · · · · · · · · · · ·  |
|  |  | DATE   |
| EMAIL ADDRESS  |  | TELEPHONE NUMBER   |

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