| 02-D-R10-0617-27000280-1<br>02-D (P1) REV. 10 (06-17)   | O AL  | Monterey County Assessor<br>P. O. Box 570   |  |  |
|---|---|---|--|--|
|   |   | Salinas, CA 93902-0570<br>Phone: (831) 755-5035   |  |  |
| DEATH OF REAL PROPERTY OWNER  | ·20.1850 · 41                                     | Fax: (831) 755-5435   |  |  |
| 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. |   | assessor@co.monterey.ca.us  |  |  |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |   |   |  |  |
| F   | 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. |  |  |
|   |   | DATE OF DEATH   |  |  |
|   |   |   |  |  |
| YES NO Did the decedent have an interest in complete the certification on page 2  |   | ? If YES, answer all questions. If NO, sign and   |  |  |
| STREET ADDRESS OF REAL PROPERTY   | Y ZIP C   | ODE ASSESSOR'S PARCEL NUMBER (APN) * *If more than 1 parcel, attach separate s  |  |  |
|   | DISPOSITION OF F                                  |   |  |  |
| Copy of deed by which decedent acquired title is attac  | ched. Succession with                             |   |  |  |
| Copy of decedent's most recent tax bill is attached.  | Probate Code 1                                    | 36 <mark>50</mark> distribution pursuant to will  |  |  |
| Deed or tax bill is not available; legal description is at  | tached. 🦳 Affidavit of deatl                      | h of joint tenant   |  |  |
| RANSFER INFORMATION V Check all that apply ar   | nd list details below.                            |   |  |  |
|   | registered domestic partner                       |   |  |  |
| Decedent's child(ren) or parent(s.) If qualified for excl<br>Between Parent and Child must be filed (see instruction)                             | usion from as <mark>se</mark> ssment, a <i>Cl</i> |   |  |  |
| Decedent's grandchild(ren.) If qualified for exclusion f<br>Grandparent to Grandchild must be filed (see instruct                                 | rom assessment, a <i>Claim fo</i>                 | <mark>r</mark> Reassessment Exclusion for Transfer from   |  |  |
| Cotenant to cotenant. If qualified for exclusion from a instructions).  | ,   | otenant Residency must be filed (see  |  |  |
| Other beneficiaries or heirs.   |   |   |  |  |
| A trust.  |   |   |  |  |
| IAME OF TRUSTEE ADDRE   | SS OF TRUSTEE                                     | -   |  |  |
| List names and percentage of ownership of all bene  | eficiaries or heirs:                              |   |  |  |
| NAME OF BENEFICIARY OR HEIRS R  | ELATIONSHIP TO DECEDENT                           | PERCENT OF OWNERSHIP RECEIVED   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   | l   |  |  |
| This property has been or will be sold prior to distribut   | tion (Attach the convovance                       | document and/or court order)  |  |  |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R10-0617-27000280-2 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.

|  |   |                          | siete the fellowing sectio      |                                       |                   |
|--|---|--------------------------|---------------------------------|---------------------------------------|-------------------|
| NAME AND ADDRESS OF LEGAL ENTITY           | Y   |                          | NAME OF PERSON OR ENTITY        | GAINING SUC                           | H CONTROL         |
|  | e decedent the lessor or lessee in a leas? If <b>YES</b> , provide the names and addres             |                          |                                 | nore, inclu                           | uding renewal     |
| NAME                                       | MAILING ADDRESS   |                          | CITY                            | STATE                                 | ZIP CODE          |
|  |   |                          |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
| NAME                                       | MAILING ADDRESS FOR FUTURE  | E PROPERTY TAX           | STATEMENTS                      |                                       |                   |
|  |   |                          |                                 | Λ                                     |                   |
| ADDRESS                                    |   | CITY                     | STAT                            | ZIP CODE                              | <u> </u>          |
|  |   |                          |                                 |                                       |                   |
|  | CERTIFI   |                          |                                 |                                       |                   |
| l certify (or declare) u <mark>nd</mark> e | er penalty of perju <mark>ry</mark> und <mark>er</mark> the laws of the                             |                          |                                 | aine <mark>d h</mark> er              | ein is true,      |
| SIGNATURE OF SPOUSE/REGISTERED             | correct and complete to the beat<br>DOMESTIC PARTNER/PERSONAL REPRESENTATIVE                        | PRINTED NAME             |                                 |                                       |                   |
|  |   |                          |                                 |                                       |                   |
| TITLE                                      |   |                          | DATE                            |                                       |                   |
|  |   |                          |                                 |                                       |                   |
| EMAIL ADDRESS                              |   |                          | DAYTIME TELEF                   | HONE                                  |                   |
|  |   |                          | ( )                             |                                       |                   |
|  | INSTRUC   |                          |                                 |                                       |                   |
|  | ailure to file a Change in Ownership Sta  |                          |                                 |                                       |                   |
|  | ither \$100 or 10% of the taxes applicab  |                          |                                 |                                       |                   |
|  | ome, whichever is greater, but not to ex  |                          |                                 |                                       |                   |
|  | omeowners' exemption or twenty thousar  |                          |                                 |                                       |                   |
|  | xemption if that <mark>fa</mark> ilure to file was not wi   |                          |                                 |                                       |                   |
| Section 480 of the Revenue and             | ollected like any other delinquent proper   | ty taxes and subject     | ed to the same penalties        | s for nonp                            | ayment.           |
| _  | change in ownership of real property or of a n  | anufactured home the     | at is subject to least property | , toyotion o                          | nd in anonad      |
|  | ransferee shall file a signed change in owners  |                          |                                 |                                       |                   |
|  | bdivision (c). In the case of a change in own   |                          |                                 |                                       |                   |
| statement is required.                     |   |                          |                                 | , , , , , , , , , , , , , , , , , , , | · ·               |
|  | shall file a change in ownership statement v  |                          |                                 |                                       |                   |
|  | me of death that is subject to probate procee   |                          |                                 |                                       |                   |
|  | rt clerk. In all other cases in which an interest   |                          |                                 |                                       |                   |
|  | ange in ownership statement or statements s<br>ssessor in each county in which the deceden          |                          |                                 |                                       |                   |
|  | n is required by law. Please reference the foll   |                          |                                 |                                       |                   |
| •  | operty: Beneficial interest passes to the deced   | 0                        | n the decedent's date of de     | ath Howe                              | ver a document    |
| 0  | tle in the heirs. An attorney should be consult   |                          |                                 | aun. nowe                             |                   |
| Change in Ownership: Cali                  | fornia Code of Regulations, Title 18, Rule 462  | 2.260(c), states in part | that "[i]nheritance (by will o  | r intestate                           | succession)"      |
| shall be "the date of death                | of decedent."   |                          |                                 |                                       |                   |
|  | obate Code, Section 8800, states in part, "Co   |                          |                                 |                                       |                   |
|  | e shall also file a certification that the requiren<br>use the decedent owned no real property in C |                          |                                 | Code eithe                            | er:               |
|  | the filing of a change in ownership statement   |                          |                                 | ntv in Calife                         | ornia in which    |
|  | operty at the time of death."   | man are county record    |                                 | ity in Call                           |                   |
| Parent/Child and Grandpar                  | rent/Grandchild Exclusions: A claim must be   | filed within three vear  | after the date of death/tra     | nsfer but r                           | prior to the date |
|  | or within six months after the date of mailing  |                          |                                 |                                       |                   |
|  | n is filed. An application may be obtained by c   |                          | 0                               |                                       |                   |
| Cotenant to cotenant. An at                | ffidavit must be filed with the county assessor   | . An affidavit may be o  | btained by calling contactin    | g the coun                            | ty assessor.      |
|  | in confidential on required by Dave   |                          |                                 |                                       |                   |

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."

