		Office of Tom J. Bordonaro, Jr		
This notice is a request for a completed Change in Ownership Statement, Failure to file this statement will result in the assessment of a penalty.       The person is the period of a penalty.         NAME AND MALING ADDRESS Make necessary corrections to the period name and mailing address)       Section 480(b) of the Revenue and Taxation Code requ the personal representative file this statement will be the period name and mailing address)         NAME OF DECEDENT       Section 480(b) of the Revenue and Taxation Code requ the personal representative file this statement will be the period name and mailing address)         NAME OF DECEDENT       DATE OF DEATH         VES       NO         Did the decedent have an interest in real property in this county? If VES, answer all questions if NO, sign: complete the certification on page 2.         STREET ADDRESS OF REAL PROPERTY       ZIP CODE         Assessors DARCEL NUMBER (APN)       Assessors DARCEL NUMBER (APN)         Copy of deced by which decedent acquired title is attached.       Disposition OF REAL PROPERTY         Decedent's most recent tax bill is attached.       Affidavit of decath of joint tenant       Action of trustee p to terms of a trust         Decedent's spouse       Decedent's registered domasessment, a Claim for Reassessment Exclusion for Transfer for Grandparent to Cranachild (must be filed (see instructions).       Decedent's registered domasessment, a Claim for Reassessment Exclusion for Transfer for Grandparent to Cranachild (must be filed (see instructions).       Decedent's registered domasestice atherest (content to cotenant. If qualified for	-502-D (P1) REV. 10 (06-17) CHANGE IN OWNERSHIP STATEMENT	San Luis Obispo County Asse County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408	ssor	
(Make necessary corrections to the philed name and mailing address)       Section 480(b) of the Revenue and Taxation Code requires the personal representative file this statement with the -in each county where the decedent owned property at the decedent.         NAME OF DECEDENT       DATE OF DEATH         YES       NO       Did the decedent have an interest in real property in this county? If YES, answer all questions. If NO, sign - complete the certification on page 2.         STREET ADDRESS OF REAL PROPERTY       DIFT       ZiP CODE         Assessors SPARCEL NUMBER (APN)       Of IF APN UNKNOWN)       DISPOSITION OF REAL PROPERTY         DESCRIPTIVE INFORMATION       (IF APN UNKNOWN)       DISPOSITION OF REAL PROPERTY         Copy of deced by which decedent acquired title is attached.       Succession without a will       Decree of distribution         Decedent's most recent tax bill is attached.       Affidavit of death of joint tenant       Decree of distribution         Decedent's spouse       Decedent's registered domestic partner       to terms of a trust         Decedent's spouse       Decedent's registered domestic partner       to terms of a trust         Decedent's grandchild (ren.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild must be filed (see instructions).       Coten ant to cotenant. If qualified for exclusion from assessment, a Claim for Cotenant Residency must be filed (see instructions).         Other beneficiaries or heirs.	This notice is a request for a completed Change in Ownership Statement. Failure to file this statement will	Telephone (805) 781-5643 Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us		
Section 480(b) of the Revenue and Taxation Code requires the personal representative file this statement with the in each county where the decedent owned property at the detath. File a separate statement for each parcel of real owned by the decedent.				
YES       NO       Did the decedent have an interest in real property in this county? If YES, answer all questions. If NO, sign is complete the certification on page 2.         STREET ADDRESS OF REAL PROPERTY       DIY       ZIP CODE       ASSESSOR'S PARCEL NUMBER (APN)         DESCRIPTIVE INFORMATION       (IF APN UNKNOWN)       Iff more than 1 parcel, attach separa         Descriptive information       (IF APN UNKNOWN)       DISPOSITION OF REAL PROPERTY       Iff more than 1 parcel, attach separa         Descedent's most recent tax bill is attached.       Succession without a will       Decree of distribution       pursuant to will         Decedent's spouse       Decree of tax bill is attached.       Probate Code 13650 distribution       Action of trustee p to terms of a trust         Decedent's spouse       Decedent's registered domestic partner       Decedent's child(ren) or parent(s.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild must be filed (see instructions).       Decedent's cotenant. If qualified for exclusion from assessment, an Affidavit of Cotenant Residency must be filed (see instructions).         Other beneficiaries or heirs.       A trust.         NAME OF TRUSTEE       ADDRESS OF TRUSTEE         List names and percentage of ownership of all beneficiaries or heirs:       ADDRESS of TRUSTEE	Г	Section 480(b) of the Revenue and Taxation Code rec the personal representative file this statement with the in each county where the decedent owned property at t death. <b>File a separate statement for each parcel of rea</b>	Asse he tim	
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DESCRIPTIVE INFORMATION       IF APN UNKNOWN)         Disposition of Real property       Decree of distribution         Copy of deed by which decedent acquired title is attached.       Succession without a will         Decedent's most recent tax bill is attached.       Probate Code 13650 distribution         Decedent's most recent tax bill is attached.       Affidavit of death of joint tenant       Action of trustee p to terms of a trust         TRANSFER INFORMATION       Check all that apply and list details below.       Decedent's registered domestic partner         Decedent's child(ren) or parent(s.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild must be filed (see instructions).         Decedent's cotenant. If qualified for exclusion from assessment, an Affidavit of Cotenant Residency must be filed (see instructions).         Other beneficiaries or heirs.         A trust.         NAME OF TRUSTEE         List names and percentage of ownership of all beneficiaries or heirs:	complete the certification on page 2.	ZIP CODE ASSESSOR'S PARCEL NUMBER (APN	) *	
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 attached.       Affidavit of death of joint tenant       Action of trustee p to terms of a trust         TRANSFER INFORMATION       Check all that apply and list details below.       Decedent's registered domestic partner         Decedent's child(ren) or parent(s.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild must be filed (see instructions).         Decedent's grandchild(ren.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild must be filed (see instructions).         Other beneficiaries or heirs.       At trust.         NAME OF TRUSTEE       Address of TRUSTEE         List names and percentage of ownership of all beneficiaries or heirs:       Atdoress or heirs:			ate sh	
Check all that apply and list details below.     Affidavit of death of joint tenant of trustee p     to terms of a trust     TRANSFER INFORMATION Check all that apply and list details below.     Decedent's spouse Decedent's registered domestic partner     Decedent's child(ren) or parent(s.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from     Between Parent and Child must be filed (see instructions).     Decedent's grandchild(ren.) If qualified for exclusion from assessment, a Claim for Reassessment Exclusion for Transfer from     Grandparent to Grandchild must be filed (see instructions).     Cotenant to cotenant. If qualified for exclusion from assessment, an Affidavit of Cotenant Residency must be filed (see     instructions).     Other beneficiaries or heirs.     A trust.		pursuant to will	tion	
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instructions).   Other beneficiaries or heirs.   A trust.     NAME OF TRUSTEE     ADDRESS OF TRUSTEE   List names and percentage of ownership of all beneficiaries or heirs:		ssess <mark>m</mark> ent, a Claim for Reassessment Exclusion for Transfer fro	m	
A trust.  ADDRESS OF TRUSTEE  List names and percentage of ownership of all beneficiaries or heirs:		men <mark>t,</mark> an <i>Affid<mark>avi</mark>t of Cotenant Residency</i> must be filed (see		
NAME OF TRUSTEE     ADDRESS OF TRUSTEE       List names and percentage of ownership of all beneficiaries or heirs:				
List names and percentage of ownership of all beneficiaries or heirs:				
		RUSIEE		
NAME OF BENEFICIARY OR HEIRS       RELATIONSHIP TO DECEDENT       PERCENT OF OWNERSHIP RECEIVED	List names and percentage of ownership of all beneficiari	es or heirs:		
	NAME OF BENEFICIARY OR HEIRS RELATIO	NSHIP TO DECEDENT PERCENT OF OWNERSHIP RECEIVED		
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-R10-0617-40000256-2 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.

NAME AND ADDRESS OF LEGAL ENTITY	Y	NAME OF PERSON OR EN	TITY GAINING SUC	CH CONTROL
	e decedent the lessor or lessee in a leases? If <b>YES</b> , provide the names and address		or more, incl	uding renewal
NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME	MAILING ADDRESS FOR FUTURE	PROPERTY TAX STATEMENTS		
ADDRESS		CITY	STATE ZIP CODE	1
	CERTIFIC	ATION		
l certify (or declare) u <mark>nd</mark> e	er penalty of perjury under the laws of the correct and complete to the best	State of California that the information of	containe <mark>d</mark> her	ein is true,
SIGNATURE OF SPOUSE/REGISTERED	DOMESTIC PARTNER/PERSONAL REPRESENTATIVE	PRINTED NAME		
TITLE		DATE		
		DATE		
EMAIL ADDRESS		DAYTIME T	ELEPHONE	
		( )		
	ailure to file a Change in Ownership State ither \$100 or 10% of the taxes applicable			
	ome, whichever is greater, but not to exce			
n	omeowners' exemption or twenty thousand			
	xemption if that failure to file was not will ollected like any other delinquent property			
Section 480 of the Revenue and		raxes and subjected to the same pena		ayment.
_	change in ownership of real property or of a ma	anufactured home that is subject to local pro	perty taxation a	and is assessed
	ransferee shall file a signed change in ownershi			
statement is required.	ubdivision (c). In the case of a change in owner	Iship where the transferee is not locally asse	esseu, no chan	ge in ownersnip
(b) The personal representative	shall file a change in ownership statement wi			
	me of death that is subject to probate proceed rt clerk. In all other cases in which an interest in			
the medium of a trust, the ch	ange in ownership statement or statements sha	all be filed by the trustee (if the property was	held in trust) o	r the transferee
with the county recorder or a	ssessor in each county in which the decedent of	owned an interest in real property within 150	days after the	date of death.
•	n is required by law. Please reference the follow	0		
3	pperty: Beneficial interest passes to the decedent the in the heirs. An attorney should be consulted			ver, a document
Change in Ownership: Cali shall be "the date of death of	fornia Code of Regulations, Title 18, Rule 462.2 of decedent."	260(c), states in part that "[i]nheritance (by w	vill or intestate	succession)"
,	obate Code, Section 8800, states in part, "Cond	<b>a</b> , , , , , , , , , , , , , , , , , , ,	•	
	e shall also file a certification that the requireme use the decedent owned no real property in Ca		ation Code eithe	er:
(2) Have been satisfied by	the filing of a change in ownership statement wo operty at the time of death."		county in Calife	ornia in which
	rent/Grandchild Exclusions: A claim must be fil			
	or within six months after the date of mailing on n is filed. An application may be obtained by co	<b>3</b> ·	ed as a result o	or the transfer of
	ffidavit must be filed with the county assessor.	An affidavit may be obtained by calling conta		

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."

