EF-58-H-R01-1212-43000453-1 BOE-58-H REV. 01 (12/12)

## AFFIDAVIT OF COTENANT RESIDENCY



## Lawrence E. Stone Santa Clara County Assessor

Property Transfer Unit 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-5540 FAX: (408) 299-9446 propertytransfer@asr.sccgov.org www.sccassessor.org

| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address) |   |
|--|---|
|  | ٦   |
|  | Under the provisions of Revenue and Taxation Code section 62.3, if certain conditions are met, a transfer of a cotenancy interest in real property from one cotenant to the other cotenant that takes effect upon the death of one cotenant is not a change in ownership. This applies to transfers that occur on or after January 1, 2013. |
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The change in ownership exclusion for a transfer of an interest in real property between cotenants that takes effect upon the death of one cotenant applies as long as all of the following are met:

- The transfer is solely by and between two individuals who together own 100 percent of the real property in joint tenancy or tenancy in common.
- As a result of the death of the transferor cotenant, the deceased cotenant's interest in the real property is transferred to the surviving cotenant, resulting in the surviving cotenant owning 100 percent of the real property, and thereby terminating the cotenancy.
- · For the one-year period immediately preceding the death of the transferor cotenant, both of the cotenants were owners of record.
- · The real property was the principal residence of both cotenants immediately preceding the transferor cotenant's death.
- For the one-year period immediately preceding the death of the transferor cotenant, both of the cotenants continuously resided in the real property.
- The surviving cotenant must sign, under penalty of perjury, an affidavit affirming that he or she 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 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   |                                       |
| Action of trustee pursuant to terms of trust (Attach a complete copy of trust and all amendments)   |                                       |
| Total of the control |                                       |
| 1. Was this real property the principal residence of the deceased cotenant the one-year period prior to the date  | of death?                             |
| 2. Was this real property the principal residence of the surviving cotenant the one-year period prior to the date of  | of death?                             |
| 3. Are there any other beneficiaries of the real property?  |                                       |
| If yes, please list other beneficiaries:  |                                       |
|   |                                       |
| CERTIFICATION OF COTENANT   |                                       |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing  | and all information hereon, including |
| any accompanying statements or documents, is true and correct to the best of my knowledge and that decedent in this real property for the one-year period immediately preceding the decedent's date of de   |                                       |
| SIGNATURE OF SURVIVING COTENANT   | DATE                                  |
|   |                                       |
| EMAIL ADDRESS   | TELEPHONE NUMBER                      |
|   | 1                                     |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

