EF-572-A-R02-0910-45000031-1 BOE-572-A (P1) REV. 02 (09-10)

INSURANCE COMPANY STATEMENT OF TRANSFER



ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667

LESLIE MORGAN

Tel: (530) 225-3600 Intra_County toll free: 1(800)479-8009

File this report with the Assessor of the county where the real property is located.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	_			
I	7			
This is a written request made pursuant to section 480.7 of the Revenue taxpayer and filed with the Assessor within 45 days from the date of the spenalty of \$1,000 in addition to any other penalty prescribed by law. If no transfers of the type described have occurred, you do not have to file	subject transfer of re at this time. If a tran	al property. Failure to	o file on time will result in	n a
this report within 45 days of the transfer. If a Change in Ownership Statement transaction, attach a copy.	ent or Prel <mark>im</mark> inary Ch	ange of Ownership R	leport has been filed for the	nis
PROPERTY INFORMATION			•	
1. DATE OF TRANSFER OF REAL PROPERTY 2. AMOUNT OF CONSIDERATION	3. TYPE OF CON	ISIDERATION (MONEY, GOO	DDS, ETC.)	_
4. LOCATION AND DESCRIPTION OF PROPERTY			_	
			-	
5. TRANSFERRED FROM		6. TRANSFERRED TO		
ACCOUNT ID ACCOUNT NAME	ACCOUNT ID		ACCOUNT NAME	
 7. TYPE OF TRANSFER. CHECK AND COMPLETE THE APPROPRIATE TYP a. ☐ PURCHASE/SALE 				
	SE END PHYOLIT &			
c. JOINT VENTURE:	SE END BUYOUT \$ _		_	
PARTNERS BEGINNING % CHANGE				
% OWNED BEGINNING END				
d. INTERNAL REALLOCATION: FROM	4	то		
8. CONTACT INFORMATION NAME OF PERSON TO CONTACT		DAYTIME T	ELEPHONE NUMBER	
IN THE STATE CONTROL		()	ELLI HONE HOMBEN	
COMPANY NAME OF PERSON TO CONTACT		EMAIL ADDRESS		
ADDRESS	CITY		STATE ZIP CODE	
CERTIFICA	ATION		<u> </u>	
I certify (or declare) under penalty of perjury under the laws of the State of C statements or documents, and to the best of my knowledge and belief it reported by the person named in this statement. If prepared by a duly auth the information of which the preparer has knowledge. This statement must b	is true, correct, and norized person other t	complete and covers than the taxpayer, the	all property required to e declaration is based on	be
SIGNATURE OF OWNER, PARTNER, OFFICER, OR LEGAL AGENT		DATE		
PRINT NAME OF AUTHORIZED SIGNER		TITLE		_
COMPANY NAME		EMAIL ADDRESS		
COMPANY NAME		EMAIL ADDRESS		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



OFFICIAL REQUIREMENT

This is a written request made pursuant to Revenue and Taxation Code section 480.7. This report must be completed in detail by the taxpayer and filed with the Assessor **within 45** days from the date of the subject transfer of real property. Failure to file it on time will result in a penalty of \$1,000 in addition to any other penalty prescribed by law.

This report is not a public document. The information contained herein will be held secret by the Assessor (Revenue and Taxation Code section 451); it can only be disclosed to the district attorney, grand jury, and other agencies specified in Revenue and Taxation Code section 408. Attached schedules are considered to be part of the report.

INSTRUCTIONS

The purpose of this statement is to identify and report to the county assessor the transfer of real property that was/is held by an insurance company in a separate account (i.e., separate accounts established either under California Insurance Code Section 10506 or under corresponding insurance laws of the company's state of domicile). References to real property in the following instructions pertain to that real property held in separate accounts.

- 1. Date of transfer: Enter the date the real property was transferred.
- 2. Cost: Enter the amount of consideration.
- **3. Type:** Enter the medium of the transaction–money, goods, trade, etc.
- 4. Location/Description of Property: Enter the exact location (street address, city, and Zip Code) of the real property and describe (assessor's parcel number or complete legal description).
- 5. Transferred from: Enter the separate account identifying number and account name, or the identification of the third party seller, to which the real property was transferred from.
- **6. Transferred to:** Enter the separate account identifying number and account name, or the identification of the third party buyer, to which the real property was transferred to.
- 7. Type of transfer (Check the appropriate box):
 - a. Purchase/sale. The transfer was because of the purchase or sale of real property to or from the separate account.
 - **b. Lease Purchase.** The transfer was because of the lease purchase of real property to or from the separate account. Indicate the amount of the lease payment (i.e., \$10,000/Month), and lease end buy out.
 - c. Joint Venture. The transfer was because of the actions of joint venture. Enter the percentage interest of the joint venture allocated to the separate account at the time of the joint venture's acquisition of the real property and any changes in the percentage interest of the joint venture allocated (or internally reallocated) to the separate account as a result of the transfer. Enter the percent interest in the real property owned by the joint venture before and after the transfer.
 - **d. Internal Reallocation.** The transfer was because of an internal reallocation. Indicate the from/to accounts involved in the internal reallocation.
- **8. Contact Information:** Enter the name, daytime telephone number, company name, mailing address, and Email address of the person to contact if questions about the real property or this statement should arise.

ATTACHMENTS: In lieu of filling out Questions 1 through 8, you may attach a listing. The listing must clearly provide all the requested information and must be listed in the same order as shown on the form.

SIGNATURE: This property statement must be signed by an officer or by an employee or agent whom the board of directors has designated in writing, by name or by title, to sign the statement on behalf of the corporation. The board of directors may appoint a person or persons to designate such employee or agent. A record of the written authorization of the appointment and designation must be retained by the assessee for a period of six years from the date of its execution.

