| Image: Source of the complete the certification on page 2. ADDRESS OF REAL PROPERTY CITY RIPTIVE INFORMATION Image: City Image: City < | Section 480(b) of the Revenue and Taxation Code requires the personal representative file this statement with the Asse in each county where the decedent owned property at the tim death. File a separate statement for each parcel of real prop owned by the decedent. |
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| ADDRESS OF TRUSTEE | , a <i>Claim for Reassessment Exclusion for Transfer</i> Vas this the decendent's principal residence? YES |
| ist names and percentage of ownership of all beneficiaries or heirs: | |
| | |
| | EDENT PERCENT OF OWNERSHIP RECEIVED |
| | |
| | |
| | |
| is property has been or will be sold prior to distribution. (Attach the co DTE: Sale of the property does not relieve the need to file a <i>Claim fo</i> <i>d Child</i> if appropriate. | |
| THIS DOCUMENT IS NOT SUBJECT T | - |

EF-502-D-R12-0221-11000562-2

BOE-502-D (P2) REV. 12 (02-21)

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 | | | | | NAME OF PERSON OR ENTITY GAINING SUCH CONTROL | | | | | |
|--|---|---|---------------------------------|--|--|---|---|---|--|--|
| | ent the lessor or lessee in a lease 6, provide the names and addresse | | | | | | s or mo | ore, incl | uding renewal | |
| NAME MAILING ADDRESS | | | CITY | | | | | STATE | ZIP CODE | |
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| | LING ADDRESS FOR FUTURE P | ROPE | ERT | Y TAX S | TATEMEN | TS | | | | |
| NAME | | | | | | | | | | |
| ADDRESS | | CITY | | | | | STATE | ZIP CODE | | |
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| l certify (or declare) under penalty | CERTIFICA of perjury under the laws of the Si correct and complete to the best of | tate o | | | | rmation | n contai | ned her | ein is true, | |
| SIGNATURE OF SPOUSE/REGISTERED DOMESTIC | | | | | | | | | | |
| | | | | | | | | | | |
| TITLE | | | | | | DATE | | | | |
| EMAIL ADDRESS | | | | | | DAYTIME TELEPHONE | | | | |
| | | | | | | | | | | |
| INSTRUCTIONS | | | | | | | | | | |
| home, wh homeown exemption collected Section 480 of the Revenue and Taxation | | ed five dollars I. This axes a | e tho s (\$2 s per and | usand d 0,000) if nalty will subjecte | ollars (\$5,0 the proper be added d to the sa | 000) if th ty is not to the a me per | he prop t eligible assessi nalties f | erty is o for the ment ro for nonp | eligible for the homeowners' I and shall be ayment. | |
| | ownership of real property or of a man shall file a signed change in ownership (c). In the case of a change in ownersl | staten | nenti | in the cou | nty where th | e real pi | operty o | or manufa | actured home is | |
| appraisal is filed with the court clerk. Ir the medium of a trust, the change in o | a change in ownership statement with ath that is subject to probate proceeding a all other cases in which an interest in re wnership statement or statements shall n each county in which the decedent ow | gs. Th eal pro be file | ne sta perty ed by | atement s / is transfe the truste | hall be filed erred by reas ee (if the pro | prior to son of de perty wa | or at the eath, inc as held i | e time th luding a t n trust) c | e inventory and transfer through or the transferee | |
| The above requested information is require | red by law. Please reference the followi | ng: | | | | | | | | |
| | neficial interest passes to the decedent neirs. An attorney should be consulted t | | | | | | | h. Howe | ver, a document | |
| Change in Ownership: California Co- shall be "the date of death of deceder | de of Regulations, Title 18, Rule 462.26 ent." | 60(c), s | states | s in part th | nat "[i]nherita | ance (by | will or i | ntestate | succession)" | |
| the personal representative shall als (1) Are not applicable because the d | de, Section 8800, states in part, "Concu o file a certification that the requiremen ecedent owned no real property in Calit of a change in ownership statement wit the time of death." | ts of S fornia a | ectio at the | n 480 of t time of c | he Revenue leath | and Ta | xation C | ode eith | er: | |
| of transfer to a third party; or within | dchild Exclusions: A claim must be filed six months after the date of mailing of a An application may be obtained by cont | a Notio | ce of | Assessed | d Value Cha | | | | | |
| assessor. This statement will re "These statements are not public do | it must be filed with the county a main confidential as required by f cuments and are not open to inspection DOCUMENT IS NOT SUBJEC | Reveni 1, exce | ue a ptas | and Taxa s provided | tion Code | Sectior 408." | | | | |