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AFFIDAVIT OF COTENANT RESIDENCY

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

Form area for Name and Mailing Address with corner brackets.

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.

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:

- List of conditions for ownership exclusion: 1. Solely by and between two individuals... 2. As a result of the death... 3. For the one-year period... 4. The real property was the principal residence... 5. For the one-year period... 6. The surviving cotenant must sign...

Form fields: 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)

- 1. Was this real property the principal residence of the deceased cotenant...? [] Yes [] No
2. Was this real property the principal residence of the surviving cotenant...? [] Yes [] No
3. Are there any other beneficiaries of the real property? [] Yes [] No

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 herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief and that I continuously resided with the decedent in this real property for the one-year period immediately preceding the decedent's date of death.

Form fields: SIGNATURE OF SURVIVING COTENANT, DATE, EMAIL ADDRESS, TELEPHONE NUMBER

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

