EF-58-H-R02-0520-57000434-1 BOE-58-H REV 02 (05/20)

## **AFFIDAVIT OF COTENANT RESIDENCY**



## **YOLO COUNTY COUNTY ASSESSOR**

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

DATE

TELEPHONE NUMBER

| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)  |   |   |
|--|---|---|
| F  | ☐<br>Under the provisions                     | of Revenue and Taxation Code section  |
|  | 62.3, if certain condit                       | ions are met, a transfer of a cotenancy                                       |
|  |   | rty from one cotenant to the other<br>ffect upon the death of one cotenant is |
|  | not a change in owne<br>occur on or after Jan | ership. This applies to transfers that uary 1. 2013.                          |
| L  |   |   |
| The change in ownership exclusion for a transfer of an interest in real proper applies as long as all of the following are met:  | ty between cotenants that take                | es effect upon the death of one cotenant                                      |
| The transfer is solely by and between two individuals who together own   | 100 percent of the real proper                | ty in joint tenancy or tenancy in common.                                     |
| As a result of the death of the transferor cotenant, the deceased cotena     The second |   | ·   |
| <ul> <li>resulting in the surviving cotenant owning 100 percent of the real proper</li> <li>For the one-year period immediately preceding the death of the transfer</li> </ul>   |   |   |
| The real property was the principal residence of both cotenants immedia  | ately preceding the transferor o              | cotenant's death.   |
| <ul> <li>For the one-year period immediately preceding the death of the transfer</li> <li>The surviving cotenant must sign, under penalty of perjury, an affidavit a</li> </ul>  |   |   |
| deceased cotenant for the one-year period immediately preceding the  |   | ,   |
| 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  |   |   |
| <u> </u>   | 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 for   | the one-year period immediate                 | ely preceding the date of death? $\square$ Yes $\square$ No                   |
| 2. Was this real property the principal residence of the surviving cotenant for t  | he one-year period immediatel                 | ly preceding the date of death?   Yes   No                                    |
| 3. Are there any other beneficiaries of the real property? $\  \  \  \  \  \  \  \  \  \  \  \  \ $  | 0   |   |
| 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 foregoir               |   |
| accompanying statements or documents, is true and correct to the best<br>this real property for the one-year period immediately preceding the deceder  |   | I continuously resided with the decedent in                                   |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



SIGNATURE OF SURVIVING COTENANT

EMAIL ADDRESS