



# County of Yolo

OFFICE OF THE COUNTY ASSESSOR, 625 COURT STREET, ROOM 104, WOODLAND, CA 95695-3490

**JESSE SALINAS**  
Assessor / Clerk-Recorder / Registrar of Voters

(530) 666-8135  
FROM: WEST SACRAMENTO (916) 375-6496  
FROM: DAVIS (530) 666-8135  
FAX NUMBER (530) 666-8213

## CHANGE IN OWNERSHIP BY DEATH

Assessor's Parcel Number (APN)

Property Address

### **This request for information is made pursuant to §480(b) of the Revenue & Taxation Code.**

Decedent's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Please supply name of anticipated successors in interest, relationship to decedent and percent of interest to be acquired:

|                           |                       |                     |   |
|---------------------------|-----------------------|---------------------|---|
| _____<br>Successor's Name | _____<br>Relationship | _____<br>Interest % | % |
| _____<br>Successor's Name | _____<br>Relationship | _____<br>Interest % | % |
| _____<br>Successor's Name | _____<br>Relationship | _____<br>Interest % | % |

**\*NOTE: If the Property will pass to Parent or Child of the decedent, please complete the enclosed "reassessment exclusion" form.**

### **Please answer by checking appropriate box:**

1. Is there a reservation of a Life Estate to spouse?  Yes  No
2. Is residence now:  Vacant - or -  Rented
3. Is a present heir of the estate residing on the property?  No  Yes-Date of Occupancy \_\_\_\_\_

If property is to go to a Testamentary Trust, please complete the following:

|                             |                       |                     |   |
|-----------------------------|-----------------------|---------------------|---|
| _____<br>Beneficiaries Name | _____<br>Relationship | _____<br>Interest % | % |
| _____<br>Beneficiaries Name | _____<br>Relationship | _____<br>Interest % | % |
| _____<br>Beneficiaries Name | _____<br>Relationship | _____<br>Interest % | % |

**MAIL FUTURE TAX BILLS TO: Name:** \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip Code

**I certify (or declare) under penalty of perjury under the laws of the State of California, that this statement, including any accompanying documentation, is true and correct, and that it is complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Printed name of Administrator or Executor Title ( )  
Daytime Phone (8AM-5PM)

\_\_\_\_\_  
Signature of Administrator or Executor Date Email Address

**Please use the back of this form for additional information or an explanation.**