



COUNTY OF YOLO

ASSESSOR'S OFFICE
625 COURT STREET, ROOM 104, WOODLAND CA 95695
(P) 530.666.8135 (F) 530.666.8213
JESSE SALINAS
ASSESSOR



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:

Successor's Name Relationship Interest %

Successor's Name Relationship Interest %

Successor's Name Relationship 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:

- Is there a reservation of a Life Estate to spouse? Yes No
- Is residence now: Vacant - or - Rented
- 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:

Beneficiaries Name Relationship Interest %

Beneficiaries Name Relationship Interest %

Beneficiaries Name Relationship 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.