

**PRELIMINARY CHANGE OF OWNERSHIP REPORT**

To be completed by the transferee (buyer) prior to a transfer of subject property, in accordance with section 480.3 of the Revenue and Taxation Code. A *Preliminary Change of Ownership Report* must be filed with each conveyance in the County Recorder's office for the county where the property is located. Please answer all questions in each section, and sign and complete the certification before filing. This form may be used in all 58 California counties. If a document evidencing a change in ownership is presented to the Recorder for recordation without the concurrent filing of a *Preliminary Change of Ownership Report*, the Recorder may charge an additional recording fee of twenty dollars (\$20).

**NOTICE:** The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the County Assessor. Supplemental assessments are not paid by the title or escrow company at close of escrow, and are not included in lender impound accounts. **You may be responsible for the current or upcoming property taxes even if you do not receive the tax bill.**

SELLER/TRANSFEROR	ASSESSOR'S PARCEL NUMBER
BUYER/TRANSFeree	BUYER'S DAYTIME TELEPHONE NUMBER (      )
STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY	

MAIL PROPERTY TAX INFORMATION TO (NAME)

ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> YES <input type="checkbox"/> NO   This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy.		MO	DAY	YEAR

**PART 1. TRANSFER INFORMATION**      *Please complete all statements.*

YES   NO

- A. This transfer is solely between spouses (*addition or removal of a spouse, death of a spouse, divorce settlement, etc.*).
- B. This transfer is solely between domestic partners currently registered with the California Secretary of State (*addition or removal of a partner, death of a partner, termination settlement, etc.*).
- \*C. This is a transfer between:    parent(s) and child(ren)    grandparent(s) and grandchild(ren).
- \*D. This transaction is to replace a principal residence by a person 55 years of age or older.  
Within the same county?    YES    NO
- \*E. This transaction is to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5. Within the same county?    YES    NO
- F. This transaction is only a correction of the name(s) of the person(s) holding title to the property (*e.g., a name change upon marriage*).  
If YES, please explain: \_\_\_\_\_
- G. The recorded document creates, terminates, or reconveys a lender's interest in the property.
- H. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (*e.g., cosigner*). If YES, please explain: \_\_\_\_\_
- I. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
- J. This is a transfer of property:
  - 1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of  
 the transferor, and/or  the transferor's spouse    registered domestic partner.
  - 2. to/from a trust that may be revoked by the creator/grantor/trustor who is also a joint tenant, and which names the other joint tenant(s) as beneficiaries when the creator/grantor/trustor dies.
  - 3. to/from an irrevocable trust for the benefit of the  
 creator/grantor/trustor and/or  grantor's/trustor's spouse    grantor's/trustor's registered domestic partner.
  - 4. to/from an irrevocable trust from which the property reverts to the creator/grantor/trustor within 12 years.
- K. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
- L. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) in each and every parcel being transferred remain exactly the same after the transfer.
- M. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions.
- \*N. This transfer is to the first purchaser of a new building containing an active solar energy system.

\* If you checked YES to statements C, D, or E, you may qualify for a property tax reassessment exclusion, which may allow you to maintain your previous tax base. If you checked YES to statement N, you may qualify for a property tax new construction exclusion. A claim form must be filed and all requirements met in order to obtain any of these exclusions. Contact the Assessor for claim forms.

Please provide any other information that will help the Assessor understand the nature of the transfer.

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

**PART 2. OTHER TRANSFER INFORMATION**

*Check and complete as applicable.*

A. Date of transfer, if other than recording date: \_\_\_\_\_

B. Type of transfer:

- Purchase     Foreclosure     Gift     Trade or exchange     Merger, stock, or partnership acquisition (Form BOE-100-B)
- Contract of sale. Date of contract: \_\_\_\_\_     Inheritance. Date of death: \_\_\_\_\_
- Sale/leaseback     Creation of a lease     Assignment of a lease     Termination of a lease. Date lease began: \_\_\_\_\_
- Original term in years (*including written options*): \_\_\_\_\_ Remaining term in years (*including written options*): \_\_\_\_\_
- Other. Please explain: \_\_\_\_\_

C. Only a partial interest in the property was transferred.  YES  NO    If YES, indicate the percentage transferred: \_\_\_\_\_ %

**PART 3. PURCHASE PRICE AND TERMS OF SALE**

*Check and complete as applicable.*

A. Total purchase or acquisition price. Do not include closing costs or mortgage insurance.    \$ \_\_\_\_\_

Down payment: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %    Seller-paid points or closing costs: \$ \_\_\_\_\_  
Balloon payment: \$ \_\_\_\_\_

Loan carried by seller     Assumption of Contractual Assessment\* with a remaining balance of: \$ \_\_\_\_\_  
\* An assessment used to finance property-specific improvements that constitutes a lien against the real property.

B. The property was purchased:  Through real estate broker. Broker name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Direct from seller     From a family member  
 Other. Please explain: \_\_\_\_\_

C. Please explain any special terms, seller concessions, financing, and any other information (e.g., buyer assumed the existing loan balance) that would assist the Assessor in the valuation of your property.  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4. PROPERTY INFORMATION**

*Check and complete as applicable.*

A. Type of property transferred

- Single-family residence     Co-op/Own-your-own     Manufactured home
- Multiple-family residence. Number of units: \_\_\_\_\_     Condominium     Unimproved lot
- Other. Description: (i.e., timber, mineral, water rights, etc.) \_\_\_\_\_     Timeshare     Commercial/Industrial

B.  YES  NO Personal/business property, or incentives, are included in the purchase price. Examples are furniture, farm equipment, machinery, club memberships, etc. Attach list if available.

If YES, enter the value of the personal/business property: \$ \_\_\_\_\_

C.  YES  NO A manufactured home is included in the purchase price.

If YES, enter the value attributed to the manufactured home: \$ \_\_\_\_\_

YES  NO The manufactured home is subject to local property tax. If NO, enter decal number: \_\_\_\_\_

D.  YES  NO The property produces rental or other income.

If YES, the income is from:  Lease/rent     Contract     Mineral rights     Other: \_\_\_\_\_

E. The condition of the property at the time of sale was:  Good     Average     Fair     Poor

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. This declaration is binding on each and every buyer/transferee.*

SIGNATURE OF BUYER/TRANSFEEE OR CORPORATE OFFICER ▶ _____	DATE _____
NAME OF BUYER/TRANSFEEE/LEGAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT) _____	TITLE _____
E-MAIL ADDRESS _____	