COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR • OWNERSHIP SERVICES
500 WEST TEMPLE STREET, ROOM 205 • LOS ANGELES, CA 90012 • (213) 974-3441

PROPERTY OWNER'S DECLARATION

REGION	CLUSTER	ASSESSOR'S IDENTIFICATION NUMBER		
		MAPBOOK	PAGE	PARCEL

INSTRUCTIONS - *Completion of this form is required before a reversal of the reappraisal of your property can be processed. Complete sections 1 through 4 and attach copies of all pertinent documents. The attachment of supporting documentation is required and shall include, but not be limited to; cancelled checks, tax returns, copies of written agreements notarized at the time of execution, judicial findings or orders, certificates of marriage or death and copies of deeds or trusts. Sign and date the declaration on the reverse and return this form to the address shown above. For information, call the number shown above.*

1. GENERAL INFORMATION

NAME OF PROPERTY OWNER OR AGENT

SITUS ADDRESS/PROPERTY LOCATION

CITY	STATE	ZIP CODE

2. TRANSACTION INFORMATION - *List the titles, numbers and recording dates of the documents involved in the transaction(s) which led to the current situation.*

	DOCUMENT TITLE	DOCUMENT NUMBER	RECORDING DATE
1			
2			
3			

List additional documents in Remarks

Check the boxes which best describe your situation.

A. ☐ FINANCIAL TRANSACTION

☐ The vestee removed from title had no beneficial interest in the property and was on title solely as co-signer for the loan.

Provide the signatures of all persons party to the transaction and indicate the method of holding title, such as joint tenancy, tenancy-in-common, etc.

SIGNATURE		METHOD
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	

OTHER: _____

B. ☐ PERFECTION OF TITLE

☐ Change in method of holding title (CC§682)
☐ Disclaimer (PC§190)
☐ Name change (CC§1096)
☐ Involuntary trust (CC§§2223-2224)
☐ Resulting trust (CC§853)
☐ Adverse claim (PC§851.5)

Provide the signatures of all persons party to the transaction and indicate the method of holding title, such as joint tenancy, tenancy-in-common, etc.

SIGNATURE		METHOD
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	
	☐ GRANTEE ☐ GRANTOR	

OTHER: _____

C. ☐ INTERSPOUSAL TRANSFER

☐ Trust
☐ Death, joint tenant
☐ Distribution by will or intestate succession
☐ Property settlement agreement, dissolution, legal separation.

Date: _____

D. ☐ JOINT TENANCY

☐ Grantors are among the grantees (R&TC §62(f))
☐ Excluded transfer back to original transferor (R&TC §65)
☐ Excluded transfer to all remaining joint tenants

☐ Other: _____

E. ☐ TRUST

☐ Revocable trust
☐ Short term trust
☐ Trustor or spouse is beneficiary
☐ Transfer back to trustor where transfer to trust was excluded
☐ Substitution of trustee

F. ☐ LAND CONTRACT

☐ Assignment of vendor's interest
☐ Termination of vendor's interest
☐ Change valuation date to date of origin of land contract

Date: _____

G. ☐ LIFE ESTATE

☐ Reservation of life estate by grantor or spouse

☐ Other: _____

H. ☐ LEGAL ENTITIES

☐ *Transfer between affiliated entities
☐ Transfer to or from legal entity-proportional ownership interest remains the same (R&TC §62(a))

*The taxpayer shall furnish proof, under penalty of perjury, to the Assessor that the transfer meets the requirements of this subdivision. (R&TC §64(b))

I. ☐ Transfer Between Co-Owners

J. ☐ Parent-Child Transfer (Prop.58)

K. ☐ Grandparent - Grandchild (Prop. 193)

L. ☐ Senior Citizen Transfer (Prop. 60)
Claimant 55 years or older

M. ☐ Eminent Domain/Condemnation (Prop. 3)
Displacement by government agencies

N. ☐ Other Situation (please specify)

3. REMARKS - *State the problem and your intentions upon entering into this transaction. Outline the sequence of events which led to the current situation and provide the names of all persons involved. Attach additional pages if needed.*

The Assessor can audit this statement for completeness and accuracy and will contact you as required. False statements willfully made will subject declarant to Civil and/or Penal penalties. Fraudulent underassessments or escapes shall, when discovered, be corrected and added to the current and all five (5) preceding assessment rolls as required. (Revenue and Taxation Code Sections 441, 461, 503, 531, 532,) Penal Code Sections 118, 126).

4. DECLARATION:

I declare under penalty of perjury under the laws of the state of California that the foregoing and any accompanying or attached statements, records and/or schedules are true and correct.

SIGNATURE OF OWNER OR AGENT	DATE	TITLE (If agent)

STREET ADDRESS OF OWNER OR AGENT*	CITY	STATE	ZIP CODE	PHONE (8 a.m.-5 p.m.)

*If agent, is Tax Agent Authorization form filled? ☐ Yes ☐ No