APN: DOC:

## SANTA CLARA COUNTY ASSESSOR

(408) 299-5540 PropertyTransfer@asr.co.scl.ca.us

## NOTIFICATION OF DEATH OF REAL PROPERTY OWNER "DEATH STATEMENT"

IN	RE:	THE ESTATE OF _				, DECEASED.	
** PLEASE SUBMIT A COPY OF THE DEATH CERTIFICATE **							
PR DA	OBATE TE OF	NUMBER: DEATH:	, IF APPI DATE PRO	LICABLE. DBATE CLOS	SED		
1.	Did decedent own property in Santa Clara County?						
2.	If "No" to Number 1, please sign and date this form. If "Yes", please complete the balance of this form. Return all forms to:  SANTA CLARA COUNTY ASSESSOR'S OFFICE, PROPERTY TRANSFER UNIT 70 W. HEDDING STREET, SAN JOSE, CA 95110-1771						
3.		Did spouse or co-owner predecease decedent? If so, please provide spouse/co-owner's name and date of death					
4.	What property did decedent own in Santa Clara County? (Street address, Assessor's Parcel Number (A.P.N.), and percentage owned of each property):						
Street Address / City						""Percent owned	
NA	ME OF NEFICL	nt leave a will or trust v HEIRS / DEVISEES / ARIES	-	-	f this property?	PERCENT ACQUIRED	
PE RE FII	RSONS ASSESS LED IN Is this p	CONTINUE ON AN A WILL RECEIVE INTO SMENT, PLEASE DE ORDER TO AVAIL property to be sold out of the proceeds be identified	TERESTS WHICH TERMINE WHAT ONESELF OF TH	ARE STATUTE CLAIMS AND ESE EXCLUSE. When we have a second control of the control	TORILY EXCLUID DOCUMENTA SIONS.  will this sale take p	DED FROM TION ARE TO BE lace?	
If a	dditiona	l property taxes are due	e, to whom should the	y be billed?			
DA	TE:			SIGNED: _			
			(Name) (Address) (Phone #)	( ) E ( ) A ( ) A	IICH APPLIES: EXECUTOR / EXE ADMINSTRATOR ATTORNEY FOR EUCCESSOR TRU	/ TRIX ESTATE	

## NOTIFICATION OF DEATH OF REAL PROPERTY OWNER ADDENDUM PAGE