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 **

PROBATE NUMBER: _____, IF APPLICABLE.
DATE OF DEATH: _____. DATE PROBATE CLOSED _____.

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	A.P.N.	Percent owned

Did decedent leave a will or trust which provided for the disposition of this property? _____.

NAME OF HEIRS / DEVISEES / BENEFICIARIES	RELATIONSHIP TO DECEDENT	PERCENT ACQUIRED

PLEASE CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY. IF ANY OF THE ABOVE PERSONS WILL RECEIVE INTERESTS WHICH ARE STATUTORILY EXCLUDED FROM REASSESSMENT, PLEASE DETERMINE WHAT CLAIMS AND DOCUMENTATION ARE TO BE FILED IN ORDER TO AVAIL ONESELF OF THESE EXCLUSIONS.

5. Is this property to be sold out of the estate? _____. When will this sale take place? _____. Will the proceeds be identified in the Final Distribution as relating to this sale? _____.

If additional property taxes are due, to whom should they be billed?

DATE: _____ SIGNED: _____

_____ (Name)
_____ (Address)
_____
_____ (Phone #)

CHECK WHICH APPLIES:
( ) EXECUTOR / EXECUTRIX
( ) ADMINSTRATOR / TRIX
( ) ATTORNEY FOR ESTATE
( ) SUCCESSOR TRUSTEE