EF-58-H-R02-0520-23000239-1 BOE-58-H REV 02 (05/20)

## **AFFIDAVIT OF COTENANT RESIDENCY**



## Katrina Bartolomie **MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800

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DATE

TELEPHONE NUMBER

NAME OF SURVIVING COTENANT	DATE OF DEATH
NAME OF DECEASED COTENANT	DATE OF DEATH
STREET ADDRESS OF REAL PROPERTY	ASSESSOR'S PARCEL NUMBER (APN)
CITY, STATE, ZIP CODE	
Property was eligible for: Homeowners' Evemption Disabled	/aterans' Evernation
Property was eligible for: Homeowners' Exemption Disabled 'Disposition of real property:	/eterans' Exemption
<u> </u>	
Affidavit of death of joint tenant	
Decree of distribution pursuant to will or intestate succession	
<ul> <li>□ Decree of distribution pursuant to will or intestate succession</li> <li>□ Action of trustee pursuant to terms of trust (Attach a complete copy of the cop</li></ul>	of trust and all amendments)
Action of trustee pursuant to terms of trust (Attach a complete copy of 1. Was this real property the principal residence of the deceased cotenant for	the one-year period immediately preceding the date of death?   Yes   No
Action of trustee pursuant to terms of trust (Attach a complete copy of	the one-year period immediately preceding the date of death?   Yes   No
Action of trustee pursuant to terms of trust (Attach a complete copy of 1. Was this real property the principal residence of the deceased cotenant for	the one-year period immediately preceding the date of death?  Yes  Note the one-year period immediately preceding the date of death?  Yes  Note the one-year period immediately preceding the date of death?

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



this real property for the one-year period immediately preceding the decedent's date of death.

SIGNATURE OF SURVIVING COTENANT

EMAIL ADDRESS