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## HOMEOWNERS' EXEMPTION TERMINATION NOTICE

You must notify the Assessor whenever a property you own is no longer eligible for a Homeowners' Exemption. To avoid potential penalties, this must be done by December 10<sup>th</sup> of the year in which the change occurs.

You are entitled to a Homeowners' Exemption on one property in California. A property is eligible for a Homeowners' Exemption if you own <u>and</u> occupy it as your primary residence on January 1<sup>st</sup>. A property is not eligible for an exemption if it is rented, unoccupied, or used as a vacation or secondary home. Failure to notify the Assessor may result in escape assessments and/or penalties and interest for the exempted taxes.

## I do not qualify for the Homeowners' Exemption on the property located at:

Assessor Parcel Number: (Please Print)

## **Property Address:**

**Property Owner:** 

| Last Name   | First N                   | lame                 | Middle                                   |  |
|---|---------------------------|----------------------|--|--|
| Please check the  | appropriate box be        | low:                 |  |  |
| I/we do not   | occupy the property as    | a principal residenc | e as of (date):                          |  |
| This propert  | y is a rental, vacation o | r secondary home a   | as of (date):                            |  |
| This propert  | y is vacant or unoccupi   | ed as of (date):     |  |  |
| □ I/we no long  | er own the property as    | of (date):           |  |  |
| □ The property  | y owner is deceased. Tl   | ne date of death is  | (date):                                  |  |
| ☐ I/we have an exemption on another property in California (address): |                           |                      |  |  |
| □ Other reaso   | n and date of change:     |                      |  |  |
| Current Mailing Address:  |                           |                      | $\Box$ This is my new primary residence. |  |
| Street Address  |                           |                      |  |  |
| City  | State                     | Zip                  | ()<br>Daytime Phone Number               |  |
| Signature   |                           | Date                 | Email                                    |  |
|   |                           |                      |  |  |

