

CLAIM FOR REASSESSMENT REVERSAL FOR LOCAL REGISTERED DOMESTIC PARTNERS

A. Description of the property that was reassessed for a change in ownership:

STREET ADDRESS		ASSESSOR'S PARCEL NUMBER
CITY	COUNTY	RECORDER'S DOCUMENT NUMBER
DATE OF TRANSFER OF INTEREST		RECORDING DATE

NOTE: Transfers eligible for this exclusion are only those that occurred during the period January 1, 2000 through June 26, 2015.

B. The parties to the transfer of interest in the above described property:

TRANSFEROR	DATE OF DEATH, IF APPLICABLE:
TRANSFeree	

C. Date of the creation of the registered domestic partnership: _____
(NOTE: date must be prior to or concurrent with the date of transfer in item A above.)

D. Attach a copy of a certificate or other document from the local government agency that names the transferor and transferee as registered domestic partners.

CERTIFICATION

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and that I was a local registered domestic partner on the date of transfer.

SIGNATURE OF TRANSFeree REGISTERED DOMESTIC PARTNER OR LEGAL REPRESENTATIVE		DATE
PRINTED NAME OF TRANSFeree OR LEGAL REPRESENTATIVE		TITLE
MAILING ADDRESS		
DAYTIME PHONE NUMBER ()	EMAIL ADDRESS	

***Be sure to attach a copy of the local registered domestic partnership document.
Your claim will not be processed without that certificate.
Claim must be filed with the county assessor by June 30, 2022.***

