

COUNTY OF SANTA BARBARA CLERK, RECORDER, AND ASSESSOR

TRANSFER TAX AFFIDAVIT

| NOTICE: ANY MATERIAL MISREPRESENTATION OF FACT IN THIS AFFIDAVIT IS A MISDEMEANOR UNDER SECTION 32-47 OF THE SANTA BARBARA COUNTY REAL PROPERTY TRANSFER TAX CODE. ANY PERSON WHO MAKES SUCH A MISREPRESENTATION IS SUBJECT TO PROSECUTION FOR SUCH OFFENSE. |
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| THE CLERK-RECORDER RESERVES THE RIGHT TO REPORT POTENTIALLY FRAUDULENT RECORDINGS TO THE DISTRICT ATTORNEY'S REAL ESTATE FRAUD UNIT. |
| 1. LOCATION OF PROPERTY: Assessor's Parcel Number: |
| Street Address: |
| Describe the document(s) to be recorded: |
| 2. IS THIS A TRANSFER INTO OR OUT OF A TRUST WHERE THE GRANTOR/GRANTEE AND THE TRUSTEES ARE THE SAME? |
| Yes No (If yes, complete this section. If no, proceed to #3.) |
| a. If yes, is this a Revocable Trust or Irrevocable Trust |
| b. If no, provide a Certificate of Trust or a copy of the trust |
| c. Is this a transfer for refinancing purposes only? Yes No |
| 3. IS THIS AN INTERSPOUSAL TRANSFER? |
| Yes No (If yes sign at the bottom of Page 2. If no, proceed to #4.) |
| 4. IS THIS A FORECLOSURE OR A TRUSTEE SALE? |
| Yes No (If yes, complete this section. If no, proceed to #5.) |
| a. Is the transferee the Beneficiary or Mortgagee? |
| Yes No (If yes, complete this section. If no, proceed to #5.) |
| b. Please provide Name of Trustee |
| Date of original deed of Trust |
| c. Enter the amount of consideration paid or value and on line 9a \$ |
| 5. IS THIS A GIFT IN WHOLE OR IN PART? |
| Yes No (if yes, give a complete explanation and sign both as Donor and at the bottom of Page 2. If no, proceed to #6.) |
| Name of Transferor/Donor: |
| Name of Transferee/Donee: |
| |
| |

Please be aware that certain gifts in excess of \$13,000 per calendar year may trigger a Federal Gift Tax. In such cases, the Transferor (donor) may be required to file Form 709 (Federal Gift Tax Return) with the Internal Revenue Service. Please also be aware that information stated on this document may be given and used by governmental agencies, including the Internal Revenue Service.

I, as the Transferor (Donor) ______, declare under the penalty of perjury, that I have read the aforementioned paragraph and acknowledge that a Federal Gift Tax may be triggered.

Donor Signature

Donor Phone Number

Page 1 of 2

6. IS THIS A LEASE?

| | Yes No (If yes, complete this section. | | |
|-----------|---|---|--|
| a. | | | |
| b. | | | |
| C. | | | |
| 7. IS TH | HIS A TRANSFER GIVEN TO SECURE A DEBT? | | |
| | Yes No (If yes, complete this section. | If no, proceed to #8.) | |
| a. | If adding or removing a co-owner for refina | ancing purposes, please initial | |
| | "The proportional ownership interest will from the date of recording; otherwise I w | revert back to its original holding within three (3) month ill pay the applicable transfer tax." | |
| 8. DO \ | YOU CONTEND THAT NO TRANSFER TAX IS DU | E FOR A REASON NOT EXPLAINED IN #1-7? | |
| | Yes No (If yes, complete this section. If | f no, proceed to #9.) | |
| a. | If yes, explain fully: | | |
| | (1) The nature of this transaction; and | | |
| | | | |
| | | | |
| | Agreement | ation, Operating Agreement of an LLC, or Partnership s and specific percentages held by each individual both | |
| | | 21. | |
| | ABLE TRANSACTIONS | N. | |
| | Consideration paid or value | \$ | |
| b. | Full Cash Value Less Liens | | |
| с. | If less liens, loan amount assumed | \$ | |
| d. | Total consideration or value less liens (Line | A – Line C) \$ | |
| e. | Tax Due, calculate tax as \$0.55 per \$500 of | Line D \$ | |
| | Example: \$100,000 value / \$500 increments 200 increments X \$0.55 = \$110 ir | | |
| | | THAT THE FOREGOING IS TRUE AND CORRECT. | |
| | Transferee Transferor | | |
| | | | |
| | Signature | Print Name | |
| | - | | |
| | Address | Check here if address in Question #1 is the | |
| | | same as the claimant's mailing address | |
| | Phone Number | | |
| - | Place of Execution (City, County, State where executed) | Date of Execution | |
| 100 4 | access Street | Page 2 of | |
| Hall of F | | Mailing Address PO Box 159 | |
| Tel: (805 | arbara, CA 93101 5) 568-2250 | Santa Barbara, CA 93102-015 www.sbcrecorder.com | |
| | Ś) 568-2266 | email: Clk-RecHelpDesk@co.santa-barbara.ca.us | |