

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF		CASE NUMBER:
DECEDENT		
PROPERTY TAX CERTIFICATION (Probate Code, § 8800(d))		

NOTE: File this form with the inventory and appraisal.

1. I am the personal representative of the Estate of (name of decedent):

2. I certify that the requirements of section 480 of the Revenue and Taxation Code
 - a. **are not applicable** because the decedent owned no real property in California at the time of death.
 - b. **have been satisfied** by the filing of a change of ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSONAL REPRESENTATIVE)

PROPERTY TAX CERTIFICATION
(Probate)