



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.

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

6. IS THIS A LEASE?

Yes  No (If yes, complete this section. If no, proceed to #7.)

a. Is remaining term of lease including renewal options greater than 35 years?  Yes  No

b. If yes, submit a copy of lease or summary or terms

c. Enter the value of the lease interest and on line 6a (for tax calculation) \$ \_\_\_\_\_

7. IS THIS 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 refinancing purposes, please initial \_\_\_\_\_

*"The proportional ownership interest will revert back to its original holding within three (3) months from the date of recording; otherwise I will pay the applicable transfer tax."*

8. DO YOU CONTEND THAT NO TRANSFER TAX IS DUE FOR A REASON NOT EXPLAINED IN #1-7?

Yes  No (If yes, complete this section. If no, proceed to #9.)

a. If yes, explain fully:

(1) The nature of this transaction; and

\_\_\_\_\_

(2) The reason why you contend no transfer tax is due (Use additional papers if necessary and attach copies of records or documents supporting your claim.)

**Transfers involving legal entities must provide:**

- Copy of the Articles of Incorporation, Operating Agreement of an LLC, or Partnership Agreement
- Provide the names of individuals and specific percentages held by each individual both prior to and following this transfer.

9. TAXABLE TRANSACTIONS

Complete the following and calculate the tax below:

a. Consideration paid or value \$ \_\_\_\_\_

b.  Full Cash Value  Less Liens

c. 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  
200 increments X \$0.55 = \$110 in tax due

**I DECLARE OR AFFIRM UNDER PENALTY OF PERJURY 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