



**Sacramento County**  
**Office of the Assessor**  
 Kathleen Kelleher, Assessor  
 John Solie, Assistant Assessor

**Real Property Division**  
 3701 Power Inn Road, Suite 3000  
 Sacramento, CA 95826-4329  
 www.assessor.saccounty.net  
 (916) 875-0700

**ADDENDA TO CHANGE IN OWNERSHIP REPORT**

The Office of the Assessor has received your Preliminary Change of Ownership Report and requests additional information on your income producing property. This request is made in accordance with Section 441-D of the Revenue and Taxation Code, which reads in part: "At any time, as required by the Assessor for assessing purposes, every person shall make available for examination information or records regarding his property."

**COMPLETE AND RETURN WITHIN 20 DAYS**

Condition of property at time of transfer  New  Good  Average  Poor (Explain "Poor" in remarks section on reverse)

Estimated cost of urgent structural repairs and/or renovation: \_\_\_\_\_

Was the property purchased from a friend or relative? :  Yes  No

Did a real estate broker represent the seller?  Yes  No

Name of Broker \_\_\_\_\_

What, in your opinion, is the current market value of this property? \_\_\_\_\_

Have you listed or offered this property for sale since its purchase?  Yes  No

Asking price: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE SECTION "A" IF COMMERCIAL/INDUSTRIAL OR SECTION "B" IF MULTI-RESIDENTIAL**

**A: INCOME AND EXPENSES FOR COMMERCIAL/INDUSTRIAL ONLY**

Please complete the following Rent Schedule or attach a copy of your current rent schedule. Indicate vacancies under "NAME OF TENANT" and provide square footage. Indicate in the remarks section on reverse if rent includes personal property, fixtures, or equipment. If rent is a percentage of gross sales or income, indicate which and provide the percentage in the "RENT AS A %" column.

NAME OF TENANT	SQ. FT OF UNIT	MO. & YR OF LEASE		MONTHLY RENT	RENT AS A %	TAX CLAUSE BASE YR	EXPENSES PAID BY TENANT ( CHECK✓ )							
		From	To				MAINT		R.E. TAXES	INSUR	UTIL	OTHER		
							EXT	INT						

What were your anticipated annual expenses at time of purchase?

Management           \$ \_\_\_\_\_ Insurance           \$ \_\_\_\_\_ Services           Janitor           \$ \_\_\_\_\_  
 Maintenance: Interior \_\_\_\_\_ Property Taxes \_\_\_\_\_ Other \_\_\_\_\_  
 Exterior \_\_\_\_\_ Utilities \_\_\_\_\_ Expected Vacancy Rates \_\_\_\_\_ %

REMARKS SECTION ON REVERSE

**PLEASE SIGN AND DATE BACK OF STATEMENT**

