



JORDAN Z. MARKS
 ASSESSOR/RECORDER/COUNTY CLERK
 COUNTY OF SAN DIEGO



REAL PROPERTY TRANSFER TAX REFUND CLAIM

REFUND CHECK WILL BE MADE PAYABLE TO CLAIMANT *(Please Print)*:

CLAIMANT(S): _____ DATE: _____
 ADDRESS: _____ ESCROW No: _____
 _____ TITLE No: _____

I (We) declare, that in this request for refund of real property transfer taxes, Assessor Parcel Number(s) _____, paid on deed from _____ (Grantor) to _____ (Grantee), Document No. _____ affixed on deed dated _____, recorded _____; said taxes were paid by me (us) within four years of the filing date of this claim, in the amount of \$ _____. I (We) further declare that I am (we are) the person(s) entitled to receive the refund in the amount of \$ _____ under Revenue and Taxation Code Section 5096 for the following reason(s): _____

THERE IS A NON-REFUNDABLE PROCESSING FEE FOR EACH DOCUMENTARY TRANSFER TAX REFUND CLAIM OF \$33.00. This fee is applicable whether the refund claim is approved or denied.
Any claim forms received without payment will be rejected.

RELEVANT DOCUMENTATION MUST BE ATTACHED TO THIS CLAIM FORM (e.g., copy of Preliminary Change of Ownership Report, final escrow closing statement, documents, and title policy, if applicable).
 Return completed form and documents to: **San Diego County Recorder**
Attn: Transfer Tax Refunds
P.O. Box 121750
San Diego, CA 92112-1750

I (We), the undersigned, declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

Sales Price: \$ _____ Existing Liens Assumed: \$ _____

_____ Dated: _____
Claimant's Signature(s)
 Title or Position of Agent: _____ Phone No: _____

RECORDER

FOR COUNTY USE ONLY

Area: _____ Unincorporated/City of: _____ APN No: _____ PCOR: _____
 Doc No(s): _____ A.V.: \$ _____ Sales Price: \$ _____
 Tax Paid: \$ _____ Tax Due: \$ _____

Basis for refund is: APPROVED DENIED
 Refund Amount: \$ _____
 Reason for Refund: _____ Denied due to: _____

Clerk's Initials: _____
 Jordan Z. Marks, Assessor/Recorder/County Clerk

By: _____, Deputy Dated: _____