



# COUNTY OF SAN DIEGO

Ernest J. Dronenburg, Jr.  
ASSESSOR/RECORDER/COUNTY CLERK



## 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 \$50.00. 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: \_\_\_\_\_

### 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: \_\_\_\_\_

- A copy of your FINAL Escrow Closing Statement showing the sales price and liens assumed was not received
- A copy of the document(s) for loans assumed was not received
- Other

Clerk's Initials: \_\_\_\_\_

Ernest J Dronenburg, Jr., Assessor/Recorder/County Clerk

By: \_\_\_\_\_, Deputy

Dated: \_\_\_\_\_

RECORDER