

**COUNTY ASSESSOR REFERRAL –  
LEGAL ENTITY INTEREST TRANSFER**

INSTRUCTIONS: This form is to be completed by County Assessors and submitted to the State Board of Equalization (BOE) in order to notify BOE of a potential change in control or ownership under Revenue and Taxation Code section 64(c)(1) or 64(d) of a legal entity that owns an interest in California real property within their jurisdiction. The completed form should be sent to: California State Board of Equalization, County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0064; ATTN: Legal Entity Ownership Program. *Note:* BOE will send a written request to file form BOE-100-B, *Statement of Change in Control and Ownership of Legal Entities*, to obtain specific information on the transaction described below if a BOE-100-B was not previously filed.

COUNTY NAME		DATE OF REFERRAL
COUNTY CONTACT		TELEPHONE NUMBER (     )
NAME OF ACQUIRED ENTITY OR ENTITY THAT CHANGED OWNERSHIP UNDER 64(d)		
ENTITY ID NUMBER	TYPE OF ENTITY (check one) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY	
NAME OF ACQUIRING ENTITY (if known)		ENTITY ID NUMBER (if known)
DATE OF TRANSACTION (approximate)	SOURCE OF INFORMATION (newspaper article, internet, property statement, PCOR, SEC form 10-K, merger agreement, etc.) <b>Submit a copy of the document.</b>	
CIRCUMSTANCES OF TRANSACTION		

IDENTIFY PROPERTY HELD BY THE ACQUIRED ENTITY LOCATED IN YOUR COUNTY; LIST SITUS - APN, STREET, CITY. INDICATE IF PROPERTY WAS PREVIOUSLY EXCLUDED UNDER SECTION 62(a)(2). PROVIDE DATE AND PARTIES TO TRANSFER. (You may attach a separate listing, if necessary.)

ENTITY CONTACT NAME (if known)	TITLE
COMPANY	TELEPHONE NUMBER (     )
MAILING ADDRESS (city, state, zip code)	

Please note: *The BOE-100-B, Statement of Change in Control and Ownership of Legal Entities, is due within 90 days from the date of request. Please allow several months for the BOE to respond to your referral.*

**BOE USE ONLY**

Date Referral Received: _____	BOE ANALYSIS INDICATES BOE-100-B FILING WAS: <input type="checkbox"/> Received prior to referral <input type="checkbox"/> Not Received prior to referral	
IF FILING NOT RECEIVED		
Entity Sent a BOE-100-B Request to File: _____	ID Number: _____	
Mail Date of Request: _____	Due Date of Request: _____	Mail Date of Second Request: _____
INFORMATION ON FILING		
Date BOE-100-B Filed: _____	Name of Filer: _____	
Filing Indicates (check one) <input type="checkbox"/> Change In Control (CIC) - 64(c)	<input type="checkbox"/> Change In Ownership (CIO) - 64(d)	<input type="checkbox"/> No CIC/CIO
Date of CIC/CIO: _____	CIC/CIO Qualifies for an Exclusion: <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Statute: _____
DATE COUNTY NOTIFIED OF FINDINGS	COMMENTS: _____ _____ _____	