

**COUNTY OF SAN LUIS OBISPO  
CLAIM FOR REFUND OF OVERPAYMENT OF REAL PROPERTY TRANSFER TAX  
(R & T CODE SEC. 5096)**

TO: County Clerk - Recorder, 1055 Monterey St., Room D120, San Luis Obispo, Ca. 93408

The undersigned requests a refund of real property transfer tax submitted to the Clerk - Recorder of San Luis Obispo County on the following described transaction:

1. RECORDING REFERENCE OF DOCUMENT
  - a. Title of document recorded \_\_\_\_\_
  - b. City or Unincorporated \_\_\_\_\_
  - c. Recording reference of document  
(Year & Document Number) \_\_\_\_\_
2. RECORDING REFERENCE OF TRUST DEED ASSUMED
  - a. Date of recording \_\_\_\_\_
  - b. Recording reference of document  
(Year & Doc.# or Book & Page) \_\_\_\_\_
3. COMPUTATION OF TAX LIABILITY
  - a. Total Consideration/Value \_\_\_\_\_
  - b. Less Assumable Trust Deeds \_\_\_\_\_
  - c. Net Consideration/Value \_\_\_\_\_
4. COMPUTATION OF REFUND REQUEST
  - a. Transfer Tax Paid \_\_\_\_\_
  - b. Transfer Tax Due \_\_\_\_\_
  - c. Sum of Refund Requested \_\_\_\_\_
5. REASON FOR REFUND: Please provide complete explanation and attached necessary documentation to support your claim.

I CERTIFY THAT THE INFORMATION AND EXPLANATION GIVEN ABOVE ARE VALID AND, THEREFORE, CONSTITUTES A LEGAL CLAIM FOR A REFUND OF THE REAL PROPERTY TRANSFER TAX.

\_\_\_\_\_  
Firm Name

Approved \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

Denied \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
JULIE L. RODEWALD  
County Clerk - Recorder

\_\_\_\_\_  
City, State and Zip Code

Approved \_\_\_\_\_

\_\_\_\_\_  
Date

Denied \_\_\_\_\_

\_\_\_\_\_  
GERE SIBBACH  
Auditor - Controller