

**REQUEST FOR CHANGE OF RECORD OWNER OR AGENT**  
**ON COUNTY ASSESSMENT & TAX RECORDS**

This request is for real property described in the Josephine County Assessor's records as: Account # \_\_\_\_\_

Property Location \_\_\_\_\_ Map & Tax Lot No. \_\_\_\_\_

In the name of \_\_\_\_\_ as record owner.

A. CHANGE OF RECORD OWNER. I hereby request that the above-described property henceforth be listed in the name of \_\_\_\_\_ as record owner by virtue of the following reason: (Check one)

- Marriage.** Attach copy of marriage license or certificate.
- Divorce.** Attach copy of Divorce Decree/Judgment showing name change.
- Legal name change.** Attach copy of Court Decree/Judgment/Order showing name change.
- Change of name of corporation or LLC.** Attach copy of Assumed Business Name - Amendment filed with Secretary of State.
- Probate Court Order of Distribution.** Attach copy of Order/Judgment/Decree of Distribution showing legal description of property to be transferred.
- Death of Life Estate Holder.** Attach copy of death certificate.
- Death of husband, wife or other when tenants in entirety.** Attach copy of death certificate.
- Other.** \_\_\_\_\_

B. AGENT AUTHORIZATION. I hereby request that

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

be designated on the county tax records as my AGENT for the above-described property. The agent named is to receive the tax statements and notices relating to taxation that are required by law to be sent to the owner of the real property. (Signature below must be that of the record owner, not that of a contract purchaser, lessee, or mortgagee).

THIS AUTHORIZATION WILL BE EFFECTIVE UNTIL RESCINDED IN WRITING, CHANGED BY STATUTE OR UNTIL A DEED IS RECORDED WHICH CHANGES TITLE TO PROPERTY OWNERSHIP.

C. AGENT CANCELLATION. I hereby request that \_\_\_\_\_ be removed as my agent for the above-described property and that future tax statements and notices relating to taxation be mailed to:

- The record owner.
- The agent designated in B above.

**THE COMPLETION AND SIGNING OF THIS REQUEST FORM CHANGES ONLY THE ASSESSOR'S RECORDS, AND DOES NOT CONSTITUTE A CHANGE IN THE JOSEPHINE COUNTY BOOK OF RECORDS OR OFFICIAL RECORDS AS INDEXED BY THE RECORDING DEPARTMENT FOR THE COUNTY CLERK OF JOSEPHINE COUNTY, OREGON.**

FOR ASSESSOR'S USE ONLY
Received by _____ Office of:
<input type="checkbox"/> Assessor
<input type="checkbox"/> Tax Collector
Date _____

Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date \_\_\_\_\_ Phone# \_\_\_\_\_