CLAIM FOR REASSESSMENT EXCLUSION FOR **TRANSFER BETWEEN PARENT AND CHILD**



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NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

L	_					
A. PROPERTY						
ASSESSOR'S PARCEL/ID NUMBER						
PROPERTY ADDRESS		CIT	S A			
RECORDER'S DOCUMENT NUMBER		DA	TE OF PURCHASE OR TRANSFER			
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DA	TE OF DECREE OF DISTRIBUTION (if applicable)			
The disclosure of social security numbers is States Code, section 405(c)(2)(C)(i) which author tax.] A foreign national who cannot obtain a so Service. The numbers are used by the Assessor a	rizes the use of social secu cial security number may p and the state to monitor the e	rity numbers for identi rovide a tax identificat xclusion limit.	fication purposes in the administration of any tion number issued by the Internal Revenue			
B. TRANSFEROR(S)/SELLER(S) (additional tr	ansferors please complete S	ection D on the revers	se)			
1. Print full name(s) of transferor(s)						
2. Social security number(s)						
3. Family relationship(s) to transferee(s)						
If adopted, age at time o <mark>f a</mark> doption						
4. Was this property the transferor's principal	residence? 🗌 Yes 🔲 No					
If yes, please check which of the following	exemptions was granted or	was eligible to be gran	ted on this property:			
\Box Homeowners' Exemption \Box Disabled '	Veterans' Exemption		-			
5. Have there been other transfers that qualifi	ed for this exclusion? 🛛 Y	es 🗆 No				
If yes, please attach a list of all previous tra Assessor's parcel number, address, date residence must be identified.)			ould include for each property: the County, nd family relationship. Transferor's principal			
6. Was only a partial interest in the property tr	Was only a partial interest in the property transferred? 🛛 Yes 🔲 No 🛛 If yes, percentage transferred%					
7. Was this property owned in joint tenancy?	🗆 Yes 🛛 No					
IMPORTANT: If the transfer was through the or trust and all amendments.	medium of a will and/or tru	ist, you must attach	a full and complete copy of the will and/			
	CERTIFICAT					
I certify (or declare) under penalty of perjury und accompanying statements or documents, is true representative) of the transferees listed in Section of my principal residence under Revenue and Tax	and correct to the best of m n C. I knowingly am granting ration Code section 69.5.	y knowledge and that	I am the parent or child (or transferor's legal			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE				
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE				
MAILING ADDRESS		DAYTIM	IE PHONE NUMBER			
		()			
CITY, STATE, ZIP		EMAIL	ADDRESS			

(Please complete applicable information on reverse side.) THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



C. TR	ANSFEREE(S)/BUYER(S) (additional transferees please complete Section E below)						
1.	Print full name(s) of transferee(s)						
2.	Family relationship(s) to transferor(s)						
	If adopted, age at time of adoption						
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic registered with the California Secretary of State) with stepparent on the date of purchase or transfer?						
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🖓 Divorce/Termination of partnership						
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partn or transfer? \Box Yes \Box No	ership as of the date of purchase					
	If in-law relationship is involved, was the child-in-law still married to or in a registered domestic partnership with the child on the date o purchase or transfer? 🛛 Yes 🗋 No						
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🔲 Divorce/Termination of partnership						
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partn or transfer?	ership as of the date of purchase					
3.	ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one r transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is						
	CERTIFICATION						
accom repres the Re	y (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all in panying statements or documents, is true and correct to the best of my knowledge and that I am the par entative) of the transferors listed in Section B; and that all of the transferees are eligible transferees within venue and Taxation Code. JRE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME DATE	ent or child <mark>(o</mark> r transferee's legal					
MAILING	ADDRESS	BER					
CITY, ST	ATE, ZIP						
Note:	The Assessor may contact you for additional information.						
D. AD	DITIONAL TRANSFEROR(S)/SELLER(S)						
	NAME SOCIAL SECURITY NUMBER SIGNATURE	RELATIONSHIP					

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

E. ADDITIONAL TRANSFEREE(S)/BUYER(S)

RELATIONSHIP



CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

Revenue and Taxation Code, Section 63.1

IMPORTANT: In order to qualify for this exclusion, a claim form must be completed and signed by the transferors and a transferee and filed with the Assessor. A claim form is timely filed if it is filed within three years after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment for this property. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which you file your claim. Complete all of Sections A, B, and C and answer each question or your claim may be denied. Proof of eligibility, including a copy of the transfer document, trust, or will, may be required. In situations where all information is not known by the due date, the parties should file this claim with as much information as possible, and later amend the claim with any revised information. *Please note*:

- 1. This exclusion only applies to transfers that occur on or after November 6, 1986 and on or before February 15, 2021.
- 2. In order to qualify, the real property must be transferred from parents to their children or children to their parents.
- 3. If you do not complete and return this form, it may result in this property being reassessed.
- 4. Revenue and Taxation Code section 63.1 provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:

The principal residence between parents and children, and/or

The first \$1,000,000 of the factored base year value of other real property between parents and children.

NOTE: Effective January 1, 2009, Revenue and Taxation Code section 63.1(j) allows a county board of supervisors to authorize a onetime processing fee of not more than \$175 to recover costs incurred by the County Assessor due to the failure of an eligible transferee to file a claim for the parent-child change in ownership exclusion after two written requests have been sent to an eligible transferee by the County Assessor.

For transfers occurring on or after February 16, 2021, please file form BOE-19-P, Claim for Reassessment Exclusion for Transfer Between Parent and Child Occurring on or After February 16, 2021.

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