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



Alyssa Douglass Butte County Assessor 25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991 Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

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

L		
A. PROPERTY		
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		CITY
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)
States Code, section 405(c)(2)(C)(i) which author	rizes the use of social security r sial security number may provid nd the state to monitor the exclusion	
1. Print full name(s) of transferor(s)		
2. Social security number(s)		
 Social security number(s) Family relationship(s) to transferee(s) 		
If adopted, age at time of adoption		
 Was this property the transferor's principal r 		
		aligible to be granted on this property:
If yes , please check which of the following e		eligible to be granted on this property.
☐ Homeowners' Exemption ☐ Disabled \		
5. Have there been other transfers that qualifie		
		lu <mark>sion. (This list shou</mark> ld include for each property: the County, nsferees/buyers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	ansferred? 🗌 Yes 🗌 No If	yes , percentage transferred %
7. Was this property owned in joint tenancy?	🗆 Yes 🔲 No	
IMPORTANT: If the transfer was through the n or trust and all amendments.	nedium of a will and/or trust, y	you must attach a full and complete copy of the will and/
	CERTIFICATION	
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 my kn C. I knowingly am granting this e ation Code section 69.5.	rnia that the foregoing and all information hereon, including any nowledge and that I am the parent or child (or transferor's legal exclusion and will not file a claim to transfer the base year value
SIGNÁTURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		DAYTIME 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) (ad	ditional transferees please complete Section E below)							
1.	Print full name(s) of transfere	e(s)							
2.	2. Family relationship(s) to transferor(s)								
	If adopted, age at time of ado	otion							
		nship is involved, was parent still married to or in a registered Secretary of State) with stepparent on the date of purchase or tra							
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🗍 Divorce/Termination of partnership								
	If terminated by death, had th or transfer? □ Yes □ t	e surviving stepparent remarried or entered into a registered dome lo	stic partnership as of the date of purchase						
		ed, was the child-in-law still married to or in a registered domestic es $\ \square$ No	c partnership with the child on the date of						
	If no, was the m <mark>arriage or re</mark> o	istered domestic partnership terminated by: 🛛 Death 🗋 Div	orce/Termination of partnership						
	If terminated by death, had the or transfer?	surviving child-in-law remarried or entered into a registered dome	stic partnership as of the date of purchase						
3.		ON (If the full cash value of the real property transferred exceeds attachment to this claim the amount and allocation of the exclusion							
		CERTIFICATION							
accom repres the Re	panying statements or docume	Derjury under the laws of the State of California that the foregoing nts, is true and correct to the best of my knowledge and that I an d in Section B; and that all of the transferees are eligible transfer ESENTATIVE PRINTED NAME DATE	n the parent or child (or transferee's legal						
MAILING	ADDRESS	DAYTIME P	HONE NUMBER						
CITY, ST	ATE, ZIP	EMAILADD	RESS						
Note:	The Assessor may contact you	for additional information.							
D. AD	DITIONAL TRANSFEROR(S)	SELLER(S)							
	NAME	SOCIAL SECURITY NUMBER SIGNATURE	RELATIONSHIP						

NAME	SOCIAL SECURI	TY NUMBER	SIGNATURE	RELATIONSHIP

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

NAME	RELATIONSHIP



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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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