EF-19-G-R02-0522-19000145-1 BOE-19-G (P1) REV. 02 (05-22)

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

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



## Ms. Sharon Moeller Los Angeles County Assessor

**EMAIL ADDRESS** 

500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

|   |  | _   |   |  |
|---|--|---|---|--|
| A. PROPERTY   |  |   |   |  |
| ASSESSOR'S PARCEL/ID NUMBER   |  |   |   |  |
|   |  |   |   |  |
| PROPERTY ADDRESS  |  |   | CITY  |  |
| DATE OF PURCHASE OR TRAN <mark>SF</mark> ER   |  | 7   | RECORDER'S DOC  |  |
| DATE OF DEATH (if applicable)   | PROBATE NUMBER (if ap  | plicable)   | DATE OF DECRÉE  | OF DISTRIB <mark>UT</mark> ION (if applicable) |
| B. TRANSFEROR(S)/SELLER(S) (add   | litional transferors, please comp                                  | ete Section E on Pag  | e 3)  |  |
| Print full name(s) of transferor(s)   | Name   |   | Name  | _ /  |
| Family relationship(s) to transferee(s)   | Relationship   |   | Relationship  |  |
| ☐ Homeowners' Exemption   | pricultural Commodity  | ultivation  No granted or was eligiblion which unit was the tra No If yes, period(s) of grandchild: | le to be granted on<br>insferor's principal recentage transferred | esidence?%.                                    |
|   | CERTIF   |   |   |  |
| I certify (or declare) under penalty of p<br>any accompanying statements or docu<br>transferor's legal representative) of the<br>the base year value of my principal resi | ments, is true and correct to the transferees listed in Section D. | best of my knowledg<br>knowingly am grantii   | ge and that I am the<br>ng this exclusion and                     | grandparent or grandchild (c                   |
| SIGNATURE OF TRANSFEROR OR LEGAL RE   | PRESENTATIVE   | PRINTED NAME  |   | DATE   |
| SIGNATURE OF TRANSFEROR OR LEGAL RE   | PRESENTATIVE   | PRINTED NAME  |   | DATE   |
| MAILING ADDRESS   |  |   |   | DAYTIME PHONE NUMBER                           |

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



CITY, STATE, ZIP

| C. GRANDPARENTS/GRANDCHILD RELA  | TIONSHIP INFORMATIO   | N  |   |   |
|--|---|--|---|---|
| If grandchild was adopted, age at time of  | adoption?   | Adopted by whom  | ?                                       |   |
| Parent: Name of direct descendant of grant Date of death of direct descendant:   |   | =  |   | ease provide copy of death certificate  |
| a. Was the deceased parent married or in State) as of the date of death?   | a registered domestic par   |  | -                                       |   |
| b. Is the spouse or registered domestic pa   | artner of the deceased par  | ent a: (check one):  | •                                       |   |
| ☐ Parent of the grandchild ☐   | Stepparent of the grandch   | nild <i>(a stepparent n</i>  | eed not be de                           | eceased)  |
| c. Had the surviving spouse/partner remark   | ried or entered into a regis  | tered domestic part  | tnership?                               | Yes No  |
| If yes, date of marriage or registration of qualify for exclusion. Date of marriage/or   | of the domestic partnershi<br>dome <mark>st</mark> ic partnership regis   | p must have occur<br>stration:   | red prior to the<br>— <i>(Please pr</i> | e date of purchase or transfer to<br>rovide copy of <mark>lice</mark> nse and registratio |
| If no, surviving spouse/partner is still contransfer to qualify for exclusion. Date of   |   |  |   | ased prior to the pu <mark>rc</mark> hase or<br>de copy of death certificate)             |
| D. TRANSFEREE(S)/BUYER(S) (additional  |   | lete Section F on F  |   |   |
| Print full name(s) of transferee(s)  | Name  |  | Name                                    |   |
| Family relationship(s) to transferor(s)  | Relationship  |  | Re <mark>lat</mark> ionship             |   |
| <ol> <li>Is this property currently the transferee's         If yes, complete sections a, b, c, d, e,         If no, date the transferee intends to oce         a. Is this property a multi-unit property?         b. Has the transferee applied for a Home         If yes, complete sections c, d, e, and f         If no, to be eligible for the exclusion, th         date. Contact the Assessor's Office for         c. Name of transferee who filed exemption         d. Type of Exemption:  Homeowne         e. Date the transferee occupied this prop         f. Does the transferee own another prop     </li> </ol> | and f below: cupy the property as the p Yes No If yes, v cowners' or Disabled Veter interpretation, on claim: ers' Exemption Disabled residen erty as a principal residen erty that is or was their pri | rincipal residence: which unit is the tra ans' Exemption?  I be eligible for one abled Veterans' Exe ce: ncipal residence in | nsferee's prin Yes N of the exemp       | otions within one year of the transfer  (month/day/year)                                  |
| If yes, please provide the address bell ADDRESS  | county  | 9.   | _                                       | ASSESSOR'S PARCEL/ID NUMBER   |
| CITY, STATE, ZIP   |   |  |   | MOVE-OUT DATE (month/date/year)   |
|  | CERTIF  | ICATION  |   |   |
| I certify (or declare) under penalty of perjury<br>any accompanying statements or documents,<br>transferee's legal representative) of the transfer   | is true and correct to the  |  |   |   |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE  |   | PRINTED NAME   |   | DATE  |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE  |   | PRINTED NAME   |   | DATE  |
| MAILING ADDRESS  |   | <u> </u>   |   | DAYTIME PHONE NUMBER  |
| CITY, STATE, ZIP   |   |  |   | EMAIL ADDRESS   |

**Note:** The Assessor may contact you for additional information.



| E. ADDITIONAL TRANSFEROR(S)/SELLER(S)           |                            |
|---|----------------------------|
| PRINT NAME                                      | RELATIONSHIP TO TRANSFEREE |
|   |                            |
| F. ADDITIONAL TRANSFEREE(S)/BUYER(S) PRINT NAME | RELATIONSHIP TO TRANSFEROR |
|   | PLE!                       |
|   | NOT                        |
|   | SF/                        |

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

## **Revenue and Taxation Code Section 63.2**

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 63.2, provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home or family farm between grandparents and their grandchildren.

To qualify for this exclusion, all parents of the grandchild, who qualify as children of the grandparents, must be deceased as of the date of the grandparent-grandchild transfer. A stepparent does not need to be deceased.

For purposes of this exclusion, a grandchild is a child of the child of the grandparent. A "child" means any of the following:

- A child born of the parent, except a child who has been adopted by another person.
- A stepchild, while the relationship of stepparent and stepchild exists.
- An in-law child, while the in-law relationship exists.
- · A child adopted by the parent pursuant to statute, other than an individual adopted after reaching 18 years of age.
- A foster child of a state-licensed foster parent.

A family home must have been the principal residence of the transferor and must continue or become the principal residence of the transferee. For a family home, the transferee must file for the homeowners' or disabled veterans' exemption within one year of the date of transfer. For real property that is sold or gifted, the date of recording of the deed is presumed to be the date of transfer or change in ownership. For real property that is inherited via trust, will, or intestate succession, date of death is the date of change in ownership.

A family farm is any real property that is under cultivation or being used for pasture or grazing, or that is used to produce any agricultural commodity. "Agricultural commodity" means any and all plant and animal products produced in this state for commercial purposes, including, but not limited to, plant products used for producing biofuels, and cultivated industrial hemp (Government Code section 51201).

If the assessed value of the family home or each legal parcel of a family farm on the date of transfer exceeds the sum of the factored base year value plus \$1 million, the amount in excess of this sum will be added to the factored base year value.

This claim form is for transfers occurring on or after February 16, 2021. This claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor. A claim form is timely 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 issued as a result of the purchase or transfer for which this claim is filed. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which the claim is filed.

For transfers occurring on or before February 15, 2021, please file claim form BOE-58-G, Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild.

**NOTE:** A county board of supervisors may authorize a one-time 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 grandparent-grandchild change in ownership exclusion after two written requests have been sent to an eligible transferee by the County Assessor.

