EF-58-AH-R21-0522-21000068-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C

San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

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

L	ل			
A. PROPERTY				
ASSESSOR'S PARCEL/ID NUMBER				
PROPERTY ADDRESS		CITY		
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER		
PROBATE NUMBER (if applicable)	ATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)		
States Code, section 405(c)(2)(C)(i) which author	izes the use of social security numbers for ial security number may provide a tax ide	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue		
B. TRANSFEROR(S)/SELLER(S) (additional tra	insferors please complete Section D on the	reverse)		
Print full name(s) of transferor(s)				
2. Social security number(s)				
3. Family relationship(s) to transferee(s)				
If adopted, age at time of adoption				
4. Was this property the transferor's principal r	esidence? Yes No			
If yes , please check which of the following e		e granted on this property:		
☐ Homeowners' Exemption ☐ Disabled V	1 0			
5. Have there been other transfers that qualifie		- /		
If yes , please attach a list of all previous tra	nsfers that qualified for this exclusion. (This	list should include for each property: the County, vers, and family relationship. Transferor's principal		
6. 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			
<u>IMPORTANT</u> : If the transfer was through the nor trust and all amendments.	nedium of a will and/or trust, you must a	ttach a full and complete copy of the will and/		
	CERTIFICATION			
accompanying statements or documents, is true a	and correct to the best of my knowledge an C. I knowingly am granting this exclusion an	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal ad will not file a claim to transfer the base year value		
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE		
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE		
MAILING ADDRESS CITY, STATE, ZIP		DAYTIME PHONE NUMBER		
		() EMAIL ADDRESS		
OITI, SIMIE, ZIF		EIVIAIL ADDRESS		

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



C. TRANSFEREE(S)/BUYER(S) (additional transferees please complete Section E	below)	
1. Print full name(s) of trans	feree(s)		
2. Family relationship(s) to t	ransferor(s)		
If adopted, age at time of	adoption		
	lationship is involved, was parent still married to ornia Secretary of State) with stepparent on the date		
If no , was the marriage o	r registered domestic partnership terminated by:	☐ Death ☐ Divorce	/Termination of partnership
If terminated by death, ha or transfer? \Box Yes	d the surviving stepparent remarried or entered into \Box No	a registered domestic pa	artnership as of the date of purchase
	volved, was the child-in-law still married to or in a re \square Yes \square No	egistered domestic part	nership with the child on the date o
If no , was the marriage o	r registered domestic partnership terminated by:	☐ Death ☐ Divorce/	Termination of partnership
If terminated by death, ha or transfer? ☐ Yes	d the <mark>sur</mark> viving ch <mark>ild</mark> -in-l <mark>aw</mark> rem <mark>ar</mark> ried or entered into ☐ No	a registered domestic p	artnership as of the date of purchase
	.USI <mark>ON</mark> (If the f <mark>ull</mark> cash value of the real property train an attachment to th <mark>is</mark> claim the amount and alloca		
	CERTIFICATION		
MAILING ADDRESS CITY, STATE, ZIP Note: The Assessor may contact	you for additional information.	DATE DAYTIME PHONE N () EMAIL ADDRESS	NUMBER
D. ADDITIONAL TRANSFEROR			DEL 4710 VOLUD
NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP
E. ADDITIONAL TRANSFEREE	(S)/BUYER(S)		
NAME			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 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 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.



