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

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)



Kristen DePaul Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

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 numbers fo sial security number may provide a tax ide	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any entification number issued by the Internal Revenue					
B. TRANSFEROR(S)/SELLER(S) (additional tra	nsferors please complete Section D on the	e reverse)					
1. Print full name(s) of transferor(s)							
2. Social security number(s) —	2. Social security number(s)						
3. Family relationship(s) to transferee(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		be granted on this property:					
☐ Homeowners' Exemption ☐ Disabled V							
5. Have there been other transfers that qualifie	ed for this exclusion?	-					
If yes, please attach a list of all previous tra	nsfers that qualified for this exclusion. (This	s list should include for each property: the County, yers, and family relationship. Transferor's principal					
6. Was only a partial interest in the property tra	ansferred? 🗌 Yes 🔲 No If yes, perce	ntage 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, you must a	attach a full and complete copy of the will and/					
	CERTIFICATION						
accompanying statements or documents, is true a representative) of the transferees listed in Section	and correct to the best of my knowledge a C. I knowingly am granting this exclusion a	e foregoing and all information hereon, including any nd that I am the parent or child (or transferor's legal nd will not file a claim to transfer the base year value					
of my principal residence under Revenue and Taxa SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
MAILING ADDRESS							
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	lditional transferees please co	mplete Section E	below)				
1.	Print full name(s) of transfere	e(s)						
2.	2. Family relationship(s) to transferor(s)							
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership <i>(registered mean registered with the California Secretary of State)</i> with stepparent on the date of purchase or transfer? \Box Yes \Box No							
	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 partnership as of the date of purchas or transfer? 🗌 Yes 🗌 No							
	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 m <mark>arriage or rec</mark>	istered domestic partnership t	erminated by:	□ Death □ Divorce/	Termination of partnership			
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? 🛛 Yes 🗌 No							
3.	ALLOCATION OF EXCLUSI transferee must specify on ar				one million dollar value exclusion, the at is being sought.)			
		CEF	TIFICATION					
accom repres the Re	panying statements or docume	nts, is true and correct to the d in Section B; and that all of	b <mark>est o</mark> f m <mark>y k</mark> nowle	edg <mark>e and th</mark> at I am the	all information hereon, including any parent or child (or transferee's legal within the meaning of section 63.1 of			
MAILING	GADDRESS			DAYTIME PHONE	NUMBER			
CITY, ST	ATE, ZIP	\mathcal{I}		EMAIL ADDRESS				
Note:	The Assessor may con <mark>tact you</mark>	for additional information.						
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)						
	NAME	SOCIAL SECURITY NUME	ER		RELATIONSHIP			

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP
	1	 	

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 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.

||S||