CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

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



Mono County Office Of The Assessor

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

L		
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 tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a	izes the use of social security numbers for ial security number may provide a tax ide nd the state to monitor the exclusion limit.	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	nsferors 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 o <mark>f a</mark> doption		
4. Was this property the transferor's principal r	esidence? 🗆 Yes 🗖 No	
If yes , please check which of the following e	exemptions was granted or was eligible to b	e granted on this property:
\Box Homeowners' Exemption \Box Disabled V	eterans' Exemption	
5. Have there been other transfers that qualifie	ed for this exclusion?	-
		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, percer	tage 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	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 ar	foregoing and all information hereon, including any of that I am the parent or child (or transferor's legal ad will not file a claim to transfer the base year volue
		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	-	DAYTIME PHONE NUMBER
		()

CITY, STATE, ZIP

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

EMAIL ADDRESS



C. TR	ANSFEREE(S)/BUYER(S) (ad	lditional transfer	ees please comple	te Section E	below)			
1.	Print full name(s) of transferee	ə(s)						
2.	2. Family relationship(s) to transferor(s)							
	If adopted, age at time of ado	ption						
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered means registered with the California Secretary of State) 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 purchase 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 of purchase or transfer? \Box Yes \Box No							
	If no, was the m <mark>arriage or reg</mark>	istered domestic	c partnership termi	nated by: [🗌 Death 🔲 Div	orce/Terminatio	n of partnership	
	If terminated by death, had the or transfer?		in-law remarried or	entered into a	a <mark>re</mark> gistered dome	stic partnership	as of the date of purchase	
3.	ALLOCATION OF EXCLUSI transferee must sp <mark>ec</mark> ify on an							
			CERTIFI	CATION				
accom repres the Re	y (or declare) under penalty of p panying statements or docume entative) of the transferors liste evenue and Taxation Code. URE OF TRANSFEREE OR LEGAL REPR	nts, is true and d d in Section B; a	corr <mark>ect to</mark> the best	of my knowle	edg <mark>e</mark> and that I an	n th <mark>e p</mark> arent or o	child <mark>(o</mark> r transferee's legal	
MAILING	ADDRESS				DAYTIME P	HONE NUMBER		
CITY, ST	ATE, ZIP			\square	EMAIL ADD	RESS		
Note:	The Assessor may contact you	for additional inf	ormation.					
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)						
	NAME	SOCIAL SEC					RELATIONSHIP	

NAME	SOCIAL SECURITY NUMBE	R 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 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||