EF-58-AH-R21-0522-26000077-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



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

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 numbers for cial 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	nnsferors please complete Section D on the	reverse)
Print full name(s) of transferor(s)		
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	exemptions was granted or was eligible to be	e granted on this property:
☐ Homeowners' Exemption ☐ Disabled \	/eterans' Exemption	
5. Have there been other transfers that qualifie	ed for this exclusion? Yes No	- /
		list should include for each property: the County, ers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	ansferred? Yes No If yes, percen	tage transferred %
7. Was this property owned in joint tenancy?	☐ Yes ☐ No	
IMPORTANT: If the transfer was through the nor trust and all amendments.	nedium of a will and/or trust, you must a	tach a full and complete copy of the will and/
	CERTIFICATION	
accompanying statements or documents, is true representative) of the transferees listed in Section	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 d will not file a claim to transfer the base year value
of my principal residence under Revenue and Taxosignature of transferor or legal representative		DATE
>		
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		DAYTIME PHONE NUMBER
CITY, STATE, ZIP		() EMAIL ADDRESS
OTT, OTALE, ZIF		LIMAIL 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 one of the control of the date of the		
If no , was the marriage o	registered domestic partnership terminated by:	☐ Death ☐ Divorce	e/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 p	partnership as of the date of purchase
	volved, was the child-in-law still married to or in a re \square Yes \square No	gistered domestic par	tnership with the child on the date of
If no , was the m <mark>arriage o</mark>	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>arr</mark> ied or entered into □ No	a <mark>re</mark> gist <mark>ere</mark> d dome sti c p	partnership as of the date of purchase
	USI <mark>ON</mark> (If the f <mark>ull</mark> cas <mark>h v</mark> alue of the real property tra n an attachme <mark>nt</mark> 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.	DAYTIME PHONE () EMAIL ADDRESS	NUMBER
D. ADDITIONAL TRANSFEROR			
NAME	SOCIAL SECURITY 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 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.





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