EF-58-AH-R18-0617-29000335-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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

L						
A. PROPERTY						
ASSESSOR'S PARCEL 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(<mark>c)(2)(C)(i)</mark> which authol tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a	rizes the use of social security numbers for cial security number may provide a tax ider and the state to monitor the exclusion limit.	Taxation Code section 63.1. See Title 42 United identification purposes in the administration of any offication number issued by the Internal Revenue				
B. TRANSFEROR(S)/SELLER(S) (additional tra	ansferors please complete "B" 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						
	g exemptions was granted or was eligible to	be granted on this property:				
☐ Homeowners' Exemption ☐ Disable	d Veterans' Exemption					
, , ,	5. Have there been other dæ) • ♣\s that qualified for this exclusion? Á ☐ Yes ☐ No					
		is list should include for each property: the County, yers, and family relationship. Transferor's principal				
6. Was only a partial interest in the property	rest in the property transferred? Yes No If yes, percentage transferred%					
 Was this property owned in joint tenancy 	7. Was this property owned in joint tenancy? ☐ Yes ☐ No					
 If the transfer was through the medium of amendments. 	f a will and/or trust, you must attach a full and	d complete copy of the will and/or trust and all				
	CERTIFICATION					
accompanying statements or documents, is true representative) of the transferees listed in Section value of my principal residence under Revenue ar	and correct to the best of my knowledge and C. I knowingly am granting this exclusion and Taxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's lega n and will not file a claim to transfer the base year				
SIGNATURE 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				

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



EF-58-AH-R18-0617-2900033

C. TI	RANSFEREE(S)/BUYER(S)	additional transferees please complete	"C" below)			
1.	Print full name(s) of transfere	ee(s)				
2.	Family relationship(s) to trans	sferor(s)				
	If adopted, age at time of adoption					
	If stepparent/stepchild relation registered with the California	estic partnership (registered means \square Yes \square No				
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box 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 or transfer? \Box Yes \Box No					
	If in-law relationship is involved aughter or son on the date of	tered domestic partnership with the				
	If no , was the marriage or re	ermination of partnership				
	If terminated by death, had the the date of purchase or trans	ne surviving son-in-law or daughter-in- fer? ☐ Yes ☐ No	aw remarri <mark>ed</mark> or entered into a re	egistered <mark>domest</mark> ic partnership as of		
3.	ALLOCATION OF EXCLUSION transferee must specify on a	ON (If the full cash value of the real property of the full cash value of the real property of the support of t	operty transferred exceeds the or and allocation of the exclusion that	ne mil <mark>lion dollar v</mark> alue exclusion, the at is being sought.)		
		CERTIFICA	TION			
accom represe the Re	panying statements or docum entative) of the transferors list evenue and Taxation Code.	perjury under the laws of the State of the ents, is true and correct to the best of the in Section B; and that all of the tran	my knowledge and that I am the	parent or child (or transferee's lega		
SIGNATU	JRE OF TRANSFEREE OR LEGAL REP	RESENTATIVE PRINTED NAME	DATE			
MAILING	GADDRESS		DAYTIME PHONE N	NUMBER		
CITY, ST.	ATE, ZIP)() 	() EMAIL ADDRESS			
Note:	The Assessor may contact you	for additional information				
110101	The reserver may semast year	B. ADDITIONAL TRANSFEROR(S)/SELLER(S) (continued)			
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP		
			<i></i>			
		C. ADDITIONAL TRANSFEREE	S)/BUYER(S) (continued)			
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;
- 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. California law 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.

