EF-60-NR-R04-0221-31000179-1 BOE-60-NR (FRONT) REV. 04 (02-21)



## Matthew R. Maynard Placer County Assessor

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

## NOTICE OF RESCISSION OF CLAIM TO TRANSFER BASE YEAR VALUE TO REPLACEMENT DWELLING UNDER REVENUE & TAXATION CODE SECTION 69.5 (PROPOSITIONS 60/90/110)

| ASSESSOR'S PARCELID NUMBER  DATE OF PURCHASE    PURCHASE   PURCHASE   PURCHASE PRICE   DATE OF COMPLETION OF NEW CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A. REPLACEMENT D                      | WELLING                              |                                                                                               |                                              |  |
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| S   S   S   S   S   S   S   S   S   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                      | RECORDER'S DOCUMENT NUMBER                                                                    | RECORDER'S DOCUMENT NUMBER                   |  |
| S   S   S   S   S   S   S   S   S   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                      |                                                                                               |                                              |  |
| B. CLAIMANT INFORMATION (please print)  B. CLAIMANT INFORMATION (please print)  NAME OF SPOUSE (provide if the spouse is a record owner of either the original property or the replacement dwelling)  Please check the box under which you are filling this Notice of Rescission:  (1) This Notice of Rescission must be filed with the Assessor:  **Before* the date the county first issues a refund check for the property taxes on the transferred base year value.  **If a refund is not applicable, before any property taxes are paid on the new transferred base year value.  **If taxes have not been paid, before any property taxes on the new transferred base year value become delinquent.  **OR**  (2) This Notice of Rescission must be filed with the Assessor:  **Within 6 years after relief was granted, and  **The replacement property was vacated as the principal place of residence within 90 days after the original claim was filed.  **CERTIFICATION**  I/We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.  **CLAIMANT'S SIGNATURE**  **DATE**  **PROUSE'S SIGNATURE**  **PROUSE'S SIGNATURE**  **PROUSE'S SIGNATURE**  **DATE**  **PROUSE'S SIGNATURE**  **PROUS | DATE OF PURCHASE                      | PURCHASE PRICE                       | DATE OF COMPLETION OF NEW CONSTRUCTION                                                        | COST OF NEW CONSTRUCTION                     |  |
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| B. CLAIMANT INFORMATION (please print)  NAME OF SPOUSE (provide if the spouse is a record owner of either the original property or the replacement dwelling)  SOCIAL SECURITY NUMBER  SOCIAL SECURITY  | PROPERTY ADDRESS (street, city, c     | ounty, state, zip code)              |                                                                                               |                                              |  |
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| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul> <li>The replacement</li> </ul>   | t property was vacat <mark>ed</mark> | as the <mark>p</mark> rinc <mark>ip</mark> al place of residence <i>with<mark>in</mark></i> 9 | 0 days after the original claim              |  |
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| SPOUSE'S SIGNATURE  DATE  HOME PHONE NUMBER  ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMANT'S SIGNATURE                  |                                      |                                                                                               | DATE                                         |  |
| HOME PHONE NUMBER  ( )  DAYTIME PHONE NUMBER  ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DE MINI MATERIAL DE CONTROLLE         | 5,112                                |                                                                                               |                                              |  |
| ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SPOUSE'S SIGNATURE                    | DATE                                 |                                                                                               |                                              |  |
| ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                     |                                      |                                                                                               |                                              |  |
| ( )  MAILING ADDRESS (including zip code)  EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HOME PHONE NUMBER                     |                                      |                                                                                               | DAYTIME PHONE NUMBER                         |  |
| MAILING ADDRESS (including zip code)  EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                      |                                                                                               | ( )                                          |  |
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All information provided on this form is subject to verification.

IF YOUR APPLICATION IS INCOMPLETE, YOUR NOTICE OF RESCISSION MAY NOT BE PROCESSED.



BOE-60-NR (BACK) REV. 04 (02-21)

## **GENERAL INFORMATION**

(A fee may be required to process this document.)

Until March 31, 2021, California law allows any person who is at least 55 years of age (at the time of sale of original/former property) who resides in a property eligible for the homeowners' exemption (place of residence) or currently receiving the disabled veterans' exemption to transfer the base year value of the original property to a replacement dwelling of equal or lesser value (Propositions 60/90/110). The replacement dwelling must be purchased or newly constructed within two years of the sale of the original property. A claim must be filed with the Assessor's office within three years of the date the replacement dwelling is purchased or new construction of that replacement dwelling is completed.

A claimant may rescind their previously filed claim for a base year value transfer. A claim may be rescinded according to Revenue and Taxation Code section 69.5(i) if this notice of rescission, signed by the original claimant(s), is delivered to the Assessor's office (where the claim was filed) before any of the following have occurred:

- The county first issues a refund check for the property taxes on the transferred base year value.
- If a refund is not applicable, before property taxes are paid on the new transferred base year value.
- If taxes have not been paid, before property taxes on the new transferred base year value become delinquent.

Beginning January 1, 2001, a claimant may rescind their previously filed claim for a base year value transfer if the replacement dwelling was vacated as the claimant's principal place of residence within 90 days after the date the original claim for a base year value was filed, and this notice of rescission is filed with the Assessor within six years after the relief was granted. Within six years after the relief was granted means within six years from the date the county issues a refund check or property taxes are paid on the new transferred base year value.

These rescission provisions apply only to claims for base year value transfers under Propositions 60/90/110. These provisions do not apply to claims for base year value transfers under Proposition 19 that occur on or after April 1, 2021.

If this rescission increases the base year value of a property, or the homeowners' exemption has been incorrectly allowed, appropriate escape assessments or supplemental assessments, including interest as provided in Revenue and Taxation Code section 506, shall be imposed. The statute of limitations for any escape or supplemental assessment will not commence until July 1 of the assessment year in which the notice of rescission is filed with the Assessor.

If a claim is successfully rescinded, then the base year value from the original property may be transferred to another property, as long as the second property also meets all the requirements of section 69.5: (1) The replacement dwelling (land and improvements) must have been acquired or newly constructed on or before March 31, 2021 and within two years of the sale of the original property; (2) the replacement dwelling is of equal or lesser value than the original property; (3) a claim for relief must be filed within three years of the date the replacement dwelling is purchased or new construction of that replacement dwelling is completed. If the second property is purchased on or after April 1, 2021, then the base year value may be transferred under section 2.1 of article XIII A of the California Constitution (Proposition 19), as long as (1) the replacement primary residence is purchased within two years of the sale of the original primary residence, and (2) a claim for relief (BOE-19-B) is timely filed with the County Assessor.

**PLEASE NOTE:** Transfers between counties are allowed under Propositions 90/110 only if the county in which the replacement dwelling is located has passed an authorizing ordinance and the transfer occurs on or before March 31, 2021. The acquisition of the replacement dwelling must occur on or after the date specified in the county ordinance.

(Please complete applicable information on reverse side.)

