EF-58-AH-R20-0520-34000247-1 BOE-58-AH (P1) REV. 20 (05-20)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.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) | ATE OF DEATH (if applicable) | DATE OF DECREE OF DISTRIBUTION (if applicable) | | | | | |
| States Code, section 405(c)(2)(C)(i) which author | izes the use of social security numbers for ial security number may provide a tax idea 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 | | | | | |
| Print full name(s) of transferor(s) | neterate producting one accusing on and | CVC/CC) | | | | | |
| | | | | | | | |
| 2. 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 residence? Yes No | | | | | | |
| If yes , please check wh <mark>ich of the foll</mark> owing | | granted on this property: | | | | | |
| ☐ Homeowners' Exemption ☐ Disabled V | eterans' Exemption | | | | | | |
| 5. Have there been other transfers that qualifie | d for this exclusion? | | | | | | |
| If yes , please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the County, Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's principal residence must be identified.) | | | | | | | |
| i. Was only a partial interest in the property tr <mark>an</mark> sferred? 🔲 Yes 🔲 No If yes , percentage transferred % | | | | | | | |
| 7. Was this property owned in joint tenancy? | 7. Was this property owned in joint tenancy? Yes No | | | | | | |
| | nedium of a will and/or trust, you must at | tach a full and complete copy of the will and/or | | | | | |
| trust and all amendments. | | | | | | | |
| l contife (or declare) under noneth of negitive under | CERTIFICATION | foresting and all information because including any | | | | | |
| | | 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 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 | | EMAIL ADDRESS | | | | | |
| | | | | | | | |

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| | | dditional transferees please compl | · | | | | | |
|-------|---|--|---|--------------|--|--|--|--|
| | Print full name(s) of transferee(s) | | | | | | | |
| 2. | Family relationship(s) to trans | | | | | | | |
| | If adopted, age at time of adoption | | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered mear 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: \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 purcha or transfer? \square Yes \square 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 purchase or transfer? \Box Yes \Box 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 child-in-law remarried or entered into a registered domestic partnership as of the date of purchas or transfer? \square Yes \square No | | | | | | | |
| 3. | 3. ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.) | | | | | | | |
| | | CERTIFI | CATION | | | | | |
| | JRE OF TRANSFEREE OR LEGAL REPR ADDRESS | PRINTED NAME | DATE DAYTIME PHONE NUM () EMAIL ADDRESS | MBER | | | | |
| | | | | | | | | |
| Note: | The Assessor may con <mark>tact you</mark> | for additional information. D. ADDITIONAL TRANS | FFROR(S)/SFLLFR(S) | | | | | |
| | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | E. ADDITIONAL TRANS | SFEREE(S)/BUYER(S) | | | | | |
| NAME | | | RELATIONSHIP | | | | | |
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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 informtion. **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.

