EF-58-AH-R19-0519-36000319-1 BOE-58-AH (P1) REV. 19 (05-19)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Josie Gonzales
Assessor-Recorder-County Clerk

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

| 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(c)(2)(C)(i) which authorized tax.] A foreign national who cannot obtain a social Service. The numbers are used by the Assessor as | rizes the use of social security numbers for sial security number may provide a tax ider 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 | insterors please complete Section D on the I | everse) | | | | | |
| 1. 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 principa | | | | | | | |
| If yes , please check which of the following exemptions was granted or was eligible to be granted on this property: | | | | | | | |
| ☐ Homeowners' Exemption ☐ Disabled | ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption | | | | | | |
| Have there been other transfers that qual | ified for this exclusion? 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 transferred? Yes No If yes, percentage transferred % | | | | | | | |
| 7. Was this property owned in joint tenancy? ☐ Yes ☐ No | | | | | | | |
| IMPORTANT : If the transfer was through the n | 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. | | | | | | | |
| | CERTIFICATION | | | | | | |
| accompanying statements or documents, is true | and correct to the best of my knowledge and 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 | | | | | |
| 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 | | | | | |
| 5, 5 <u>C.</u> | | | | | | | |

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

| C. TI | RANSFEREE(S)/BUYER(S) | (additional transferees please comp | lete Section E below) | | | | |
|-------------------|---|---|--|---|--|--|--|
| 1. | Print full name(s) of transfe | ree(s) | | | | | |
| | | nnsferor(s) | | | | | |
| | If adopted, age at time of a | doption | | | | | |
| | | | I married to or in a registered domest ton the date of purchase or transfer? | | | | |
| | 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 purchase or transfer? | | | | | | |
| | If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? \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 date of purchase or train | the <mark>surviving son</mark> -in-l <mark>aw</mark> or daughternsfe <mark>r? ☐ Yes ☐ No</mark> | -in-law remarri <mark>ed</mark> or <mark>ent</mark> ered into a reç | gistered d <mark>omes</mark> tic partnership as o | | | |
| 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.) | | | | | | |
| | | CERTIF | ICATION | | | | |
| represe the Re | panying statements or documentative) of the transferors livenue and Taxation Code. JRE OF TRANSFEREE OR LEGAL RE | sted in Section B; and that all of the t | of my knowledge and that I am the p transferees are eligible transferees wi | arent or child <mark>(o</mark> r transferee's lega thin the mean <mark>in</mark> g of section 63.1 o | | | |
| MAILING | GADDRESS | | DAYTIME PHONE NU | JMBER | | | |
| MI, VIEITO | MUDICEGO | | | | | | |
| CITY, STA | ATE, ZIP | | EMAIL ADDRESS | | | | |
| Note: | The Assessor may con <mark>tact yo</mark> | ou for additional information. | | | | | |
| | | D. ADDITIONAL TRANSFERO | OR(S)/SELLER(S) | | | | |
| | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | E. ADDITIONAL TRANSFER | EE(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.



