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CLAIM FOR REASSESSMENT EXCLUSION FOR **TRANSFER BETWEEN PARENT AND CHILD**

NAME AND MAILING ADDRESS



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MARK CHURCH Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435 email: assessor@smcacre.gov web: www.smcacre.gov

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| 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 | authorizes the use of social security n a social security number may provid ssor and the state to monitor the exclusion | |
| 1. Print full name(s) of transferor(s) | · · · | |
| 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 prin | cipal residence? 🗌 Yes 🔲 No | |
| | wing exemptions was granted or was | eligible to be granted on this property: |
| ☐ Homeowners' Exemption ☐ Disa | | |
| 5. Have there been other transfers that | | No |
| | | u <mark>sion. (This li</mark> st should include for each property: the County, sferees/buyers, and family relationship. Transferor's principal |
| 6. Was only a partial interest in the prop | erty transferred? 🛛 Yes 🔲 No 🏼 If | yes, percentage transferred % |
| 7. Was this property owned in joint tena | ncy? 🗌 Yes 🗌 No | |
| IMPORTANT: If the transfer was through or trust and all amendments. | ۱ the medium of a will and/or trust, y | you must attach a full and complete copy of the will and/ |
| | CERTIFICATION | |
| accompanying statements or documents, is | s true and correct to the best of my kn | nia that the foregoing and all information hereon, including any owledge and that I am the parent or child (or transferor's lega exclusion and will not file a claim to transfer the base year value |
| of my principal residence under Revenue and SIGNATURE OF TRANSFEROR OR LEGAL REPRESEN | nd Taxation Code section 69.5. | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESEN | | DATE |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESEN | TATIVE PRINTED NAME | DATE |
| | | |
| MAILING ADDRESS | 1 | DAYTIME PHONE NUMBER |

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

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EMAIL ADDRESS



CITY, STATE, ZIP

| C. TR | ANSFEREE(S)/BUYER(S) (ad | ditional transferees please compl | ete Section E below) | | | |
|----------------------------|--|--|--|---|--|--|
| 1. | Print full name(s) of transfere | e(s) | | | | |
| 2. | 2. Family relationship(s) to transferor(s) | | | | | |
| | If adopted, age at time of adoption | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership <i>(registered mean registered with the California Secretary of State)</i> with stepparent on the date of purchase or transfer? \Box Yes \Box No | | | | | |
| | If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🛛 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 purchas or transfer? 🛛 Yes 🗌 No | | | | | |
| | If in-law relationship is involve purchase or transfer? \Box Y | ed, was the child-in-law still marrie $$ es $\ \square$ No | ed to or in a registered dome | stic partnership with the child on the date of | | |
| | If no , was the marriage or registered domestic partnership terminated by: 🛛 Death 🔲 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 purchase or transfer? 🗌 Yes 🗌 No | | | | | |
| 3. | | ON (If the full cash value of the re- attachme <mark>nt</mark> to th <mark>is</mark> claim the amou | | eds the one million dollar value exclusion, the usion that is being sought.) | | |
| | | CERTIF | ICATION | | | |
| accorr repres the Re | panying statements or docume | ents, is true and correct to the besi d in Section B; and that all of the | t of my knowledg <mark>e</mark> and that I | ing and all information hereon, including any am the parent or child (or transferee's legal sferees within the meaning of section 63.1 of | | |
| MAILING | GADDRESS | | DAYTIM | E PHONE NUMBER | | |
| CITY, ST | TATE, ZIP | | EMAIL # | ADDRESS | | |
| Note: | The Assessor may contact you | for additional information. | | | | |
| D. AD | DITIONAL TRANSFEROR(S)/ | SELLER(S) | | | | |
| | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP | | |
| | | | | | | |

| NAME | SOCIAL SECURITY NUMBE | R SIGNATURE | RELATIONSHIP |
|------|-----------------------|-------------|--------------|
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E. ADDITIONAL TRANSFEREE(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 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 onetime 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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