CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)



LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600 Intra_County toll free: 1(800)479-8009

L					
A. PROPERTY					
ASSESSOR'S PARCEL/ID NUMBER					
PROPERTY ADDRESS					
PROPERT ADDRESS					
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 aut	horizes the use of social security social security number may prov or an <mark>d</mark> the <mark>st</mark> ate to monitor the excl				
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 princip					
		a ligible to be granted on this property.			
If yes , please check which of the followin		s eligible to be granted on this property.			
Homeowners' Exemption Disable					
5. Have there been other transfers that qua					
		clusion. (This list should include for each property: the County, ansferees/buyers, and family relationship. Transferor's principal			
6. Was only a partial interest in the property	rtransferred? 🛛 Yes 🗌 No 🛛	f yes , percentage transferred %			
7. Was this property owned in joint tenancy	7. Was this property owned in joint tenancy?				
IMPORTANT: If the transfer was through th or trust and all amendments.	e medium of a will and/or trust	you must attach a full and complete copy of the will and/			
	CERTIFICATION				
		ornia that the foregoing and all information hereon, including any knowledge and that I am the parent or child (or transferor's lega			
		s exclusion and will not file a claim to transfer the base year value			
of my principal residence under Revenue and 7 SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI		DATE			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI	VE PRINTED NAME	DATE			
MAILING ADDRESS		DAYTIME PHONE NUMBER			

CITY, STATE, ZIP

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EMAIL ADDRESS



C. TR	ANSFEREE(S)/BUYER(S) (ad	dditional transferees please comple	te Section E below)			
1.	Print full name(s) of transfere	e(s)				
2.	Family relationship(s) to trans	sferor(s)				
	If adopted, age at time of ado	ption				
			married to or in a registered dom on the date of purchase or transfe	nestic partnership <i>(registered means</i> r? □ Yes □ No		
	If no , was the marriage or registered domestic partnership terminated by: If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchar or transfer? Yes 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 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 or transfer?	e surviving ch <mark>ild</mark> -in-law remarried or lo	entered into a <mark>re</mark> gistered domestic p	partnership as of the date of purchase		
3.			Il property transferred exceeds the on the and allocation of the exclusion the the exclusion the exc	one mil <mark>lion dollar v</mark> alue exclusion, the nat is <mark>b</mark> eing soug <mark>ht.</mark>)		
		CERTIFI	CATION			
accom repres the Re	panying statements or docume	ents, is true and correct to the best ad in Section B; and that all of the t	of my knowledge and that I am the	all information hereon, including any parent or child (or transferee's legal within the meaning of section 63.1 of		
MAILING ADDRESS DAYTIME PHON			DAYTIME PHONE	NUMBER		
CITY, ST	ATE, 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 NUMBER	SIGNATURE	RELATIONSHIP

E. ADDITIONAL TRANSFEREE(S)/BUYER(S)

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 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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