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

NAME AND MAILING ADDRESS

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



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)
The disclosure of social security numbers is a	mandatory as required by Revenue and	Taxation Code section 63.1. [See Title 42 United
		identification purposes in the administration of any
tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a		ntification number issued by the Internal Revenue
B. TRANSFEROR(S)/SELLER(S) (additional tra		reverse)
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 principal r	esidence? 🗆 Yes 🔲 No	
If <b>yes</b> , please check which of the following e	exemptions was granted or was eligible to be	e granted on this property:
$\Box$ Homeowners' Exemption $\Box$ Disabled V	eterans' Exemption	
5. Have there been other transfers that qualifie	d for this exclusion?	-
		list should include for each property: the County, ers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	nsferred? 🗌 Yes 🔲 No 🛛 If <b>yes,</b> percent	tage transferred %
7. Was this property owned in joint tenancy?		
<b>IMPORTANT:</b> If the transfer was through the mor trust and all amendments.	nedium of a will and/or trust, you must at	tach a full and complete copy of the will and/
	CERTIFICATION	
		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	ation Code section 69.5.	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



C. TR	ANSFEREE(S)/BUYER(S) (ad	ditional transferees please comple	te Section E below)			
1.	Print full name(s) of transfere	e(s)				
2.	Family relationship(s) to trans	feror(s)				
	If adopted, age at time of ado	ption				
		nship is involved, was parent still Secretary of State) with stepparent		nestic partnership <i>(registered means</i> er? □ Yes □ No		
	If <b>no,</b> was the marriage or reg	jistered domestic partnership termi	nated by: $\Box$ Death $\Box$ Divord	e/Termination of partnership		
	If terminated by death, had the or transfer? □ Yes □ N		entered into a registered domestic	partnership as of the date of purchase		
	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 <b>no</b> , was the m <mark>arriage or reg</mark>	jistered domestic partnership termi	nated by: 🗌 Death 🔲 Divorce	e/Termination of partnership		
	If terminated by death, had the or transfer? □ Y <mark>es</mark> □ N		entered into a registered domestic	partnership as of the date of purchase		
3.		ON (If the full cash value of the rea attachment to this claim the amou		one million dollar value exclusion, the hat is being sought.)		
		CERTIFI	CATION			
accom repres the Re	panying statements or docume	ents, is true and correct to the best of 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	S ADDRESS		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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