| -58-AH-R21-0522-52000068-1 | | County of Tehama Assessor |
|--|---|--|
| E-58-AH (P1) REV. 21 (05-22) | | 444 Oak Street - Room B |
| AIM FOR REASSESSMENT EXCLUSION FOR ANSFER BETWEEN PARENT AND CHILD | COT WIL | P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019 |
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing | g address.) | |
| | Ι | |
| | | |
| | | |
| | | |
| L | | |
| 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 DEAT | ΓΗ (if applicable) | DATE OF DECREE OF DISTRIBUTION (if applicable) |
| | | |
| The disclosure of social security numbers is mandator | v as required by Revenue | and Taxation Code section 63.1. [See Title 42 Un |
| States Code, section 405(c)(2)(C)(i) which authorizes the u tax.] A foreign national who cannot obtain a social securit | ise of social security number y number may provide a tax | s for <mark>id</mark> entification <mark>purposes in</mark> the <mark>a</mark> dministration of x id <mark>ent</mark> ification nu <mark>m</mark> ber issued by the Internal Reve |
| Service. The numbers are used by the Assessor and the stat B. TRANSFEROR(S)/SELLER(S) (additional transferors p | | |
| I. 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 residence? | Yes 🖸 No | |
| If yes , please check which of the following exemptions | s was granted or was eligible | to be granted on this property: |
| Homeowners' Exemption Disabled Veterans' E | xemption | |
| 5. Have there been other transfers that qualified for this e | exclusion? 🗌 Yes 🗌 No | _ |
| If yes, please attach a list of all previous transfers that Assessor's parcel number, address, date of transfer, residence must be identified.) | | |
| 6. Was only a partial interest in the property transferred? | 🗌 Yes 🔲 No 🛛 If yes, pe | rcentage transferred % |
| 7. Was this property owned in joint tenancy? $\ \square$ Yes $\ \square$ | □ No | |
| <u>IMPORTANT</u> : If the transfer was through the medium of or trust and all amendments. | a will and/or trust, you mu | ist attach a full and complete copy of the will an |
| | CERTIFICATION | |
| I certify (or declare) under penalty of perjury under the laws | | |
| accompanying statements or documents, is true and correc representative) of the transferees listed in Section C. I knowi | | |
| of my principal residence under Revenue and Taxation Code SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NA | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NA | ME | DATE |

NHA.

Kenneth L. Brown

| • | | |
|---|--------------|----------------------|
| 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 | lditional 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 | | |
| | | | married to or in a registered dom on the date of purchase or transfer | estic partnership <i>(registered means</i> ? Yes No |
| | If no , was the marriage or reg | istered domestic partnership termi | nated by: \Box Death \Box Divorce | e/Termination of partnership |
| | If terminated by death, had the or transfer? \Box Yes \Box N | | entered into a registered domestic p | artnership as of the date of purchase |
| | | ed, was the child-in-law still married es \Box No | d to or in a registered domestic par | tnership with the child on the date of |
| | If no, was the m <mark>arriage or rec</mark> | istered domestic partnership termi | nated by: 🗌 Death 🔲 Divorce/ | Termination of partnership |
| | If terminated by death, had the or transfer? □ Y <mark>es</mark> □ N | | entered into a <mark>re</mark> giste <mark>re</mark> d domestic p | partnership as of the date of purchase |
| 3. | | | l property transferred exceeds the c nt and alloc <mark>ati</mark> on of the exclusion th | one million dollar value exclusion, the at is being sought.) |
| | | CERTIFI | CATION | |
| accom repres the Re | panying statements or docume | nts, is true and correct to the best d 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 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 |
|------|--------------|
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| | |
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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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