CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



NAME AND MAILING ADDRES	3
(Make necessary corrections to	the printed name and mailing address.)
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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 author	rizes the use of social security numbers for sial security number may provide a tax ide nd the state to monit <mark>or</mark> 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 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 yes , please check which of the following e		granted on this property:			
		e granted on this property.			
Homeowners' Exemption Disabled V					
5. Have there been other transfers that qualified					
		list should include for each property: the County, ers, 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				
<u>IMPORTANT</u> : If the transfer was through the nor trust and all amendments.	nedium of a will and/or trust, you must a	ttach a full and complete copy of the will and/			
	CERTIFICATION				
	er the laws of the State of California that the	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	PRINTED NAME	DATE			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE			
MAILING ADDRESS		DAYTIME DHONE NUMBER			

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

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C. TR	ANSFEREE(S)/BUYER(S) (ac	ditional transferees please com	plete 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 Secretary of State) with steppar			stic partnership <i>(registered means</i> └────────────────────────────────────
	If no, was the marriage or reg	istered domestic partnership te	rminated by:		Termination of partnership
	If terminated by death, had the or transfer? \Box Yes \Box N		or entered into	a registered domestic pa	rtnership as of the date of purchase
		ed, was the child-in-law still makes \Box No	rried to or in a r	egistered domestic partr	ership with the child on the date of
	If no, was the m <mark>arriage or reg</mark>	istered domestic partnership te	rminated by:	Death Divorce/1	ermination of partnership
	If terminated by death, had the or transfer?		l or entered into	a registered domestic pa	rtnership <mark>as of t</mark> he date of purchase
3.		ON (If the full cash value of the attachment to this claim the an			ne million dollar value exclusion, the t is <mark>b</mark> eing sought.)
		CERT	IFICATION		
accom repres the Re	panying statements or docume	nts, is true and correct to the b d in Section B; and that all of th	est of my know	ledg <mark>e and th</mark> at I am the l	ll information hereon, including any parent or child (or transferee's legal ithin the meaning of section 63.1 of
MAILING	ADDRESS		Λ	DAYTIME PHONE N	UMBER
CITY, ST	ATE, ZIP)()		EMAIL ADDRESS	
Note:	The Assessor may contact you	for additional information.	Ň		
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)			
	NAME	SOCIAL SECURITY NUMBE	R	SIGNATURE	RELATIONSHIP

NAME	SOCIAL SECURITY	UMBER	SIGNATURE	RELATIONSHIP

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

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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