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

NAME AND MAILING ADDRESS

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



\_

Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

I	I	
L		
A. PROPERTY		
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		CITY
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER
RECORDER'S DOCOMENT NOMBER		
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)
The disclosure of social security numbers is	mandatory as required by Revenu	e and Taxation Code section 63.1. [See Title 42 United
States Code, section 405(c)(2)(C)(i) which author	rizes the use of social security numb	pers for <mark>id</mark> entification <mark>purposes in</mark> the <mark>a</mark> dministration of any
		tax id <mark>ent</mark> ification number issued by the Internal Revenue
Service. The numbers are used by the Assessor a B. TRANSFEROR(S)/SELLER(S) (additional tra		
	insierors please complete Section D	on the 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		
<ol><li>Was this property the transferor's principal r</li></ol>	esidence? 🗆 Yes 📮 No	
If <b>yes</b> , please check which of the following e	exemptions was granted or was eligit	ble to be granted on this property:
$\Box$ Homeowners' Exemption $\Box$ Disabled V	eterans' Exemption	
5. Have there been other transfers that qualifie	ed for this exclusion?	o
If <b>yes,</b> please attach a list of all previous tra	nsfers that qualified for this exclusion	n. (This list should include for each property: the County,
	of transfer, names of all the transfer	ees/buyers, and family relationship. Transferor's principal
residence must be identified.)		
6. Was only a partial interest in the property tra		percentage transferred %
7. Was this property owned in joint tenancy?		
<u>IMPORTANT</u> : If the transfer was through the n or trust and all amendments.	nedium of a will and/or trust, you	must attach a full and complete copy of the will and/
	CERTIFICATION	
I certify (or declare) under penalty of perjury under		hat the foregoing and all information hereon, including any
		dge and that I am the parent or child (or transferor's legal
of my principal residence under Revenue and Tax		ision and will not file a claim to transfer the base year value
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		
CITY, STATE, ZIP		() EMAIL ADDRESS

CITY, STATE, ZIP

(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 complete S	Section E below)				
1.	Print full name(s) of transferee	(s)					
2.	Family relationship(s) to transferor(s)						
	If adopted, age at time of adoption						
	If stepparent/stepchild relation registered with the California S	nship is involved, was parent still ma Secretary of State) with stepparent on	rried to or in a registered domes the date of purchase or transfer?	tic partnership <i>(registered means</i> □ Yes □ No			
	If <b>no</b> , was the marriage or regi	stered domestic partnership terminate	ed by: 🛛 Death 🖓 Divorce/T	ermination of partnership			
	If terminated by death, had the or transfer? $\Box$ Yes $\Box$ N	surviving stepparent remarried or ente	ered into a registered domestic par	tnership as of the date of purchase			
	•	d, was the child-in-law still married to so $\Box$ No	or in a registered domestic partne	ership with the child on the date of			
	If <b>no</b> , was the marriage or regi	stered domestic partnership terminate	ed by: 🗌 Death 🗌 Divorce/Te	rmination of partnership			
	If terminated by death, had the or transfer?	surviving child-in-law remarried or enter	ered into a <mark>re</mark> giste <mark>re</mark> d domestic par	tnership as of the date of purchase			
3.		DN (If the full cash value of the real pro attachme <mark>nt</mark> to th <mark>is</mark> claim the amount a					
		CERTIFICAT	ΓΙΟΝ				
accom repress the Re	panying statements or docume	erjury under the laws of the State of C nts, is true and correct to the best of r d in Section B; and that all of the trans	ny knowledg <mark>e and that I am the p</mark> a	arent or child <mark>(o</mark> r transferee's legal			
MAILING	ADDRESS		DAYTIME PHONE NU	MBER			
CITY, ST	ATE, ZIP	()	EMAIL ADDRESS				
Note:	The Assessor may contact you f	or additional information.					
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)					
	NAME	SOCIAL SECURITY NUMBER	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.

||S||