EF-58-AH-R21-0522-06000092-1 BOE-58-AH (P1) REV. 21 (05-22)

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



Arnold Gross Jr. **Colusa County Assessor** 547 Market St., Suite 101

Colusa, CA 95932 (530) 458-0450

| NAME AND MAILING ADDRESS                                                 |  |
|--------------------------------------------------------------------------|--|
| (Make necessary corrections to the printed name and mailing address.)  □ |  |

| L                                                                                                  | _                                                                                                                   |                                                                                                                                                                                                 |                                                |  |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--|
| A. PROPERTY                                                                                        |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| ASSESSOR'S PARCEL/ID NUMBER                                                                        |                                                                                                                     |                                                                                                                                                                                                 | _                                              |  |  |
| PROPERTY ADDRESS                                                                                   | CITY                                                                                                                |                                                                                                                                                                                                 |                                                |  |  |
|                                                                                                    |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| RECORDER'S DOCUMENT NUMBER                                                                         |                                                                                                                     | DATE OF PURCHASE OR TRANSFER                                                                                                                                                                    | DATE OF PURCHASE OR TRANSFER                   |  |  |
| PROBATE NUMBER (if applicable)                                                                     | DATE OF DEATH (if applicable)                                                                                       | DATE OF DECREE OF DISTRIBUTION (if applicable)                                                                                                                                                  | DATE OF DECREE OF DISTRIBUTION (if applicable) |  |  |
| States Code, section 405(c)(2)(C)(i) which author                                                  | orizes the use of social security nur<br>cial security number may provide<br>and the state to monitor the exclusion |                                                                                                                                                                                                 | any                                            |  |  |
|                                                                                                    | ansierors piease complete dection                                                                                   | D on the reverse)                                                                                                                                                                               |                                                |  |  |
| <ol> <li>Print full name(s) of transferor(s)</li> <li>Social security number(s)</li> </ol>         |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| • • • • • • • • • • • • • • • • • • • •                                                            |                                                                                                                     | <del></del>                                                                                                                                                                                     |                                                |  |  |
| 3. Family relationship(s) to transferee(s) —                                                       |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| If adopted, age at time of adoption —                                                              |                                                                                                                     | <del></del>                                                                                                                                                                                     |                                                |  |  |
| 4. Was this property the transferor's principal                                                    |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| If <b>yes</b> , please check which of the following                                                | •                                                                                                                   | igible to be granted on this property:                                                                                                                                                          |                                                |  |  |
| ☐ Homeowners' Exemption ☐ Disabled                                                                 | ·                                                                                                                   |                                                                                                                                                                                                 |                                                |  |  |
| 5. Have there been other transfers that qualifi                                                    | ed for this exclusion? $\square$ Yes $\square$                                                                      | No                                                                                                                                                                                              |                                                |  |  |
|                                                                                                    |                                                                                                                     | ion. (This list should include for each property: the County<br>ferees/buyers, and family relationship. Transferor's princi                                                                     |                                                |  |  |
| 6. Was only a partial interest in the property to                                                  | ransferred? $\square$ Yes $\square$ No If <b>ye</b>                                                                 | es, percentage transferred %                                                                                                                                                                    |                                                |  |  |
| 7. Was this property owned in joint tenancy?                                                       | ☐ Yes ☐ No                                                                                                          |                                                                                                                                                                                                 |                                                |  |  |
| $\underline{\text{IMPORTANT}}\!\!:$ If the transfer was through the or trust and all amendments.   | medium of a will and/or trust, yo                                                                                   | u must attach a full and complete copy of the will and                                                                                                                                          | 1/                                             |  |  |
|                                                                                                    | CERTIFICATION                                                                                                       |                                                                                                                                                                                                 |                                                |  |  |
| accompanying statements or documents, is true representative) of the transferees listed in Section | and correct to the best of my known C. I knowingly am granting this ex                                              | ia that the foregoing and all information hereon, including a<br>wledge and that I am the parent or child (or transferor's le<br>clusion and will not file a claim to transfer the base year va | gal                                            |  |  |
| of my principal residence under Revenue and Tax SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE    | PRINTED NAME                                                                                                        | DATE                                                                                                                                                                                            | _                                              |  |  |
| <u> </u>                                                                                           |                                                                                                                     |                                                                                                                                                                                                 |                                                |  |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE                                                    | PRINTED NAME                                                                                                        | DATE                                                                                                                                                                                            |                                                |  |  |
| MAILING ADDRESS                                                                                    |                                                                                                                     | DAYTIME PHONE NUMBER                                                                                                                                                                            |                                                |  |  |
|                                                                                                    |                                                                                                                     | ( )                                                                                                                                                                                             |                                                |  |  |
| CITY, STATE, ZIP                                                                                   |                                                                                                                     | EMAIL ADDRESS                                                                                                                                                                                   |                                                |  |  |



| -                                  |                                                                                                                                                                                                                                                                      | dditional transferees please comple                                                                               |                        |                     |                                    |  |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|------------------------------------|--|--|
|                                    |                                                                                                                                                                                                                                                                      | e(s)                                                                                                              |                        |                     |                                    |  |  |
| 2.                                 |                                                                                                                                                                                                                                                                      | eferor(s)                                                                                                         |                        |                     |                                    |  |  |
|                                    | If adopted, age at time of adoption                                                                                                                                                                                                                                  |                                                                                                                   |                        |                     |                                    |  |  |
|                                    | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered means registered with the California Secretary of State) with stepparent on the date of purchase or transfer? $\Box$ Yes $\Box$ No |                                                                                                                   |                        |                     |                                    |  |  |
|                                    | If <b>no,</b> was the marriage or registered domestic partnership terminated by: $\Box$ Death $\Box$ Divorce/Termination of partnership                                                                                                                              |                                                                                                                   |                        |                     |                                    |  |  |
|                                    | If terminated by death, had the or transfer? $\square$ Yes $\square$ N                                                                                                                                                                                               | ership 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 marriage or registered domestic partnership terminated by: $\Box$ Death $\Box$ Divorce/Termination of partnership                                                                                                                             |                                                                                                                   |                        |                     |                                    |  |  |
|                                    | If terminated by death, had the or transfer? ☐ Yes ☐ N                                                                                                                                                                                                               | e surviving child-in-law remarried or<br>lo                                                                       | entered into a registe | red domestic partn  | ership as of the date of purchase  |  |  |
| 3.                                 |                                                                                                                                                                                                                                                                      | ON (If the full cash value of the rea<br>a attachment to this claim the amou                                      |                        |                     |                                    |  |  |
|                                    |                                                                                                                                                                                                                                                                      | CERTIFI                                                                                                           | CATION                 |                     |                                    |  |  |
| accom<br>repres                    | panying statements or docume                                                                                                                                                                                                                                         | perjury under the laws of the State ents, is true and correct to the best ed in Section B; and that all of the to | of my knowledge and    | d that I am the par | ent or child (or transferee's lega |  |  |
| SIGNATI                            | JRE OF TRANSFEREE OR LEGAL REPF                                                                                                                                                                                                                                      | RESENTATIVE PRINTED NAME                                                                                          |                        | DATE                |                                    |  |  |
| MAILING ADDRESS DAYTIME PHONE NUMB |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     | BER                                |  |  |
|                                    |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     |                                    |  |  |
| CITY, ST                           | EMAIL ADDRESS  EMAIL ADDRESS                                                                                                                                                                                                                                         |                                                                                                                   |                        |                     |                                    |  |  |
| Note:                              | The Assessor may contact you                                                                                                                                                                                                                                         | for additional information.                                                                                       |                        |                     |                                    |  |  |
| D. AD                              | DITIONAL TRANSFEROR(S)/                                                                                                                                                                                                                                              | SELLER(S)                                                                                                         |                        |                     |                                    |  |  |
|                                    | NAME                                                                                                                                                                                                                                                                 | SOCIAL SECURITY NUMBER                                                                                            | SIGNATURE              |                     | RELATIONSHIP                       |  |  |
|                                    |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     |                                    |  |  |
|                                    |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     |                                    |  |  |
|                                    |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     |                                    |  |  |
|                                    |                                                                                                                                                                                                                                                                      |                                                                                                                   |                        |                     |                                    |  |  |
| E. AD                              | DITIONAL TRANSFEREE(S)/                                                                                                                                                                                                                                              | BUYER(S)                                                                                                          |                        |                     | T                                  |  |  |
| 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 one-time 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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