EF-58-AH-R19-0519-07000584-1 BOE-58-AH (P1) REV. 19 (05-19)

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



## Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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

| L  | ل   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| A. PROPERTY  | <del></del>   |  |  |  |  |  |  |  |
| ASSESSOR'S PARCEL 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 authotax.] A foreign national who cannot obtain a so Service. The numbers are used by the Assessor      | rizes the use of social security numbe<br>cial security number may provide a ta<br>and the state to monitor the exclusion lir |  |  |  |  |  |  |  |
| B. TRANSFEROR(S)/SELLER(S) (additional tra   | ansferors please complete Section D o   | n the reverse)   |  |  |  |  |  |  |
| Print full name(s) of transferor(s)  | 1. Print full name(s) of transferor(s)  |  |  |  |  |  |  |  |
| Social security number(s)  |   |  |  |  |  |  |  |  |
| <ol><li>Family relationship(s) to transferee(s)</li></ol>  |   |  |  |  |  |  |  |  |
| If adopted, age at time of adoption  |   |  |  |  |  |  |  |  |
| 4. Was this property the transferor's principal residence? $\ \square$ Yes $\ \square$ No  |   |  |  |  |  |  |  |  |
| If yes, please check which of the following  | If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:            |  |  |  |  |  |  |  |
| ☐ Homeowners' Exemption ☐ Disable  | d Veterans' Exemption   |  |  |  |  |  |  |  |
| 5. Have there been other transfers that qua  | 5. Have there been other transfers that qualified for this exclusion? $\square$ Yes $\square$ No                              |  |  |  |  |  |  |  |
| If <b>yes</b> , please attach a list of all previous Assessor's parcel number, address, date residence must be identified.)                        | transfers that qualified for this exclusion of transfer, names of all the transfere   | on. (This list should include for each property: the County,<br>ees/buyers, and family relationship. Transferor's principal  |  |  |  |  |  |  |
| 6. Was only a partial interest in the property transferred? $\square$ Yes $\square$ No $\square$ If <b>yes</b> , percentage transferred%           |   |  |  |  |  |  |  |  |
| 7. Was this property owned in joint tenancy  | ? ☐ Yes ☐ No  |  |  |  |  |  |  |  |
| <b>IMPORTANT</b> : If the transfer was through the r trust and all amendments.   | medium of a will and/or trust, you m  | ust attach a full and complete copy of the will and/or   |  |  |  |  |  |  |
|  | CERTIFICATION   |  |  |  |  |  |  |  |
| accompanying statements or documents, is true representative) of the transferees listed in Section of my principal residence under Revenue and Tax | and correct to the best of my knowled<br>o C. I knowingly am granting this exclus-<br>ration Code section 69.5.               | at the foregoing and all information hereon, including any ge and that I am the parent or child (or transferor's legal ion 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  | DAYTIME PHONE NUMBER  |  |  |  |  |  |  |  |
| CITY, STATE, ZIP   | EMAIL ADDRESS   |  |  |  |  |  |  |  |

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| C. TI                     | RANSFEREE(S)/BUYER(S  | s) (additional tra                                  | ansferees please compl  | lete Section E below) |                     |  |  |  |
|---------------------------|---|---|-------------------------|-----------------------|---------------------|--|--|--|
| 1.                        | Print full name(s) of transfe   | eree(s)   |                         |                       |                     |  |  |  |
| 2.                        | Family relationship(s) to transferor(s)   |   |                         |                       |                     |  |  |  |
|                           | If adopted, age at time of a  |   |                         |                       |                     |  |  |  |
|                           | If stepparent/stepchild relaregistered with the Californ  | c partnership <i>(registered mean</i><br>□ Yes □ 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 surviving stepparent remarried or entered into a registered domestic partnership as of the date of or transfer? $\square$ Yes $\square$ No  |   |                         |                       |                     |  |  |  |
|                           | If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? $\square$ Yes $\square$ 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 surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnership the date of purchase or transfer? $\Box$ Yes $\Box$ No  |   |                         |                       |                     |  |  |  |
| 3.                        | ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.) |   |                         |                       |                     |  |  |  |
|                           |   |   | CERTIFI                 | CATION                |                     |  |  |  |
| accom<br>repres<br>the Re | panying statements or docu<br>entative) of the transferors l<br>venue and Taxation Code.  | iments, is true<br>isted in Section                 | and correct to the best | of my knowledge an    | d that I am the par | nformation hereon, including an<br>ent or child (or transferee's lega<br>n the meaning of section 63.1 o |  |  |
| SIGNATO                   | JRE OF TRANSFEREE OR LEGAL R  | EPRESENTATIVE                                       | FINITED NAME            |                       | DATE                |  |  |  |
| MAILING                   | ADDRESS   |   |                         |                       | DAYTIME PHONE NUME  | BER  |  |  |
| CITY, ST.                 | ATE, ZIP  | EMAIL ADDRESS                                       |                         |                       |                     |  |  |  |
| Note:                     | The Assessor may contact y  | ou for addition                                     | al information.         |                       |                     |  |  |  |
|                           |   | D. ADD  | ITIONAL TRANSFERO       | PR(S)/SELLER(S)       |                     |  |  |  |
| NAME                      |   | SOCIAL  | SECURITY NUMBER         | SIGNATURE             |                     | RELATIONSHIP   |  |  |
|                           |   |   |                         |                       |                     |  |  |  |
|                           |   |   |                         |                       |                     |  |  |  |
|                           |   |   |                         |                       |                     |  |  |  |
|                           |   | F 405   | NITIONAL TRANSFER       | FF(0) (BUNED(0)       |                     |  |  |  |
|                           |   | E. AUL  | DITIONAL TRANSFERI      | EE(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 informtion. **Please note**:

- 1. This exclusion only applies to transfers that occur on or after November 6, 1986.
- 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. California law 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.

