EF-58-AH-R16-0514-30010496-1 BOE-58-AH (P1) REV. 16 (05-14)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746 www.ocassessor.gov

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

| 1 | 1 | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| A. PROPERTY | | | | | | | | |
| ASSESSOR'S PARCEL NUMBER | | _ | | | | | | |
| PROPERTY ADDRESS | | CITY | | | | | | |
| THE ENTABBLESS | | | | | | | | |
| 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) tax.] A foreign national who cannot Service. The numbers are used by th | which authorizes the use of social security | | | | | | | |
| Print full name(s) of transfero | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Social security number(s) | 2 Social security number(s) | | | | | | | |
| | | | | | | | | |
| If adopted, age at time of ado | | | | | | | | |
| , | 4. Was this property the transferor's principal residence? \(\text{Yes} \text{No} \) | | | | | | | |
| ' ' ' | If yes , please check which of the following exemptions was granted or was eligible to be granted on this property: | | | | | | | |
| - · · | ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption | | | | | | | |
| | 5. Have there been other dæ) • △\s that qualified for this exclusion? Á □ Yes □ No | | | | | | | |
| If yes , please attach a list of Assessor's parcel number, a | If yes , please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the County, Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's principal residence must be identified.) | | | | | | | |
| 6. Was only a partial interest in | 3. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred % | | | | | | | |
| 7. Was this property owned in j | 7. Was this property owned in joint tenancy? Yes No | | | | | | | |
| 8. If the transfer was through th | e medium of a trust, you must attach a cop | y of the trust. | | | | | | |
| | CERTIFICATION | | | | | | | |
| accompanying statements or docum representative) of the transferees lis | ents, is true and correct to the best of my ki | rnia that the foregoing and all information hereon, including any nowledge and that I am the parent or child (or transferor's legal his exclusion and will not file a claim to transfer the base year | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REP | RESENTATIVE | DATE | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REF | 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



EF-58-AH-R16-0514-30010496

| C. TI | RANSFEREE(S)/BUYER(S) | additional transferees please comple | te "C" below) | | | | | |
|--|---|--|----------------------|---------------------|-----------------------------------|--|--|--|
| 1. | Print full name(s) of transfere | ee(s) | | | | | | |
| 2. | Family relationship(s) to tran | sferor(s) | | | | | | |
| | If adopted, age at time of ado | option | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered mean registered with the California Secretary of State) with stepparent on the date of purchase or transfer? \Box Yes \Box No | | | | | | | |
| | If no , 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 purcha 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 no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of p | | | | | | | |
| | If terminated by death, had the date of purchase or trans | he surviving son-in-law or daughter-infer? $\ \square$ Yes $\ \square$ No | n-law remarried or e | ntered into a regis | stered domestic partnership as of | | | |
| 3. | | ON (If the full cash value of the real pnn attachment to this claim the amount | | | | | | |
| | | CERTIFIC | ATION | | | | | |
| represonant the Re | | ents, is true and correct to the best o ed in Section B; and that all of the tra | | | | | | |
| SIGNATI | IRE OF TRANSFEREE OR LEGAL REP | RESENTATIVE | | DATE | | | | |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE DATE | | | | | | | | |
| MAILING ADDRESS DAYTIME PHONE NUM | | | | | IBER . | | | |
| CITY, STATE, ZIP | | | | EMAIL ADDRESS | | | | |
| Note: | The Assessor may contact you | ı for additional information. | | | | | | |
| | | B. ADDITIONAL TRANSFEROR | R(S)/SELLER(S) (C | ontinued) | | | | |
| NAME | | SOCIAL SECURITY NUMBER | SIGNATURE | | RELATIONSHIP | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | C. ADDITIONAL TRANSFEREI | E(S)/BUYER(S) (co | ontinued) | | | | |
| NAME | | | | | RELATIONSHIP | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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EF-58-AH-R16-0514-30010496-3 BOE-58-AH (P3) REV. 16 (05-14)

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;
- 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.

EF-58-AH-R16-0514-3001049