CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 245 Oakland, Ca. 94612-4288 (510) 272-3800 Fax (510) 208-4905 www.acgov.org/assessor

SSESSOR'S PARCELID NUMBER DATE OF PURCHASE OR TRANSFER ROPERTY ADDRESS DATE OF PURCHASE OR TRANSFER DECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 L States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal Rev Sarks, A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cansferror(s)	1		
SSESSOR'S PARCELID NUMBER DATE OF PURCHASE OR TRANSFER ROPERTY ADDRESS DATE OF PURCHASE OR TRANSFER DECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 L States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal Rev Sarks, A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cansferror(s)			
SSESSOR'S PARCELID NUMBER DATE OF PURCHASE OR TRANSFER ROPERTY ADDRESS DATE OF PURCHASE OR TRANSFER DECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 L States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal Rev Sarks, A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cansferror(s)			
SSESSOR'S PARCELID NUMBER DATE OF PURCHASE OR TRANSFER ROPERTY ADDRESS DATE OF PURCHASE OR TRANSFER DECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 L States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal Rev Sarks, A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cansferror(s)			
SSESSOR'S PARCELID NUMBER DATE OF PURCHASE OR TRANSFER ROPERTY ADDRESS DATE OF PURCHASE OR TRANSFER DECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 L States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal Rev Sarks, A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cando bay as social security number may provide a tax identification number issued by the Internal Rev Sarks, A foreign national who cansferror(s)		1	
ROPERTY ADDRESS CITY ECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER DATE OF DECREE OF PURCHASE OR TRANSFER DATE OF DECREE OF DISTRIBUTION (if applicable) DATE OF DECREE OF DISTRIBUTION (if applicable) DATE OF DECREE OF DISTRIBUTION (if applicable) DATE OF DECREE OF DISTRIBUTION (if applicable) DATE OF DECREE OF DISTRIBUTION (if applicable) Redisclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. (See Title 42 D. Assessor and the state to monitor the exclusion limit. States Code, section 405(c)(2)(C)(i) which autorizes the use of social security number is or dual by the Internal Reservice. The numbers are used by the Assessor and the state to monitor the exclusion limit. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1. Pinit full name(s) of transferor(s) 2. Social security number(s) 3. Family relationship(s) to transferor(s) 4. Was this property the transferor's principal residence? If yes, please attach a list of all previous transfere Karuption 5. Have three been other transfers that qualified for this exclusion, (This list should include for each property: the Count Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's prin residence must be identified.) 6. Was only a partial interest in the property transferred? Yes No	A. PROPERTY		
EECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Assessor and the state to monitor the exclusion limit. 3. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1. Print full name(s) of transferor(s) 2. Social security numbers is used by the Assessor and the state to monitor the exclusion limit. 3. TraNSFEROR(S)/SELLER(S) (additional transferors 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 4. Was this property the transferor's principal residence? Yes, please atch a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the CourAssessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transfero's principal state of transfer. 6. Was only a partial interest in the property transferred? Yes No If yes, please attach a list of all previous transfer and all and/or trust, you must attach a full and complete copy of the will a ransfer residenc	ASSESSOR'S PARCEL/ID NUMBER		
EECORDER'S DOCUMENT NUMBER DATE OF PURCHASE OR TRANSFER ROBATE NUMBER (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) DATE OF DECREE OF DISTRIBUTION (# applicable) States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Assessor and the state to monitor the exclusion limit. 3. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1. Print full name(s) of transferor(s) 2. Social security numbers is used by the Assessor and the state to monitor the exclusion limit. 3. TraNSFEROR(S)/SELLER(S) (additional transferors 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 4. Was this property the transferor's principal residence? Yes, please atch a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the CourAssessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transfero's principal state of transfer. 6. Was only a partial interest in the property transferred? Yes No If yes, please attach a list of all previous transfer and all and/or trust, you must attach a full and complete copy of the will a ransfer residenc			
ROBATE NUMBER (If applicable) DATE OF DEATH (If applicable) DATE OF DECREE OF DISTRIBUTION (If applicable) ROBATE NUMBER (If applicable) DATE OF DECREE OF DISTRIBUTION (If applicable) States Code, section 405(c)(2)(C)(0) which authorizes the use of social security numbers for identification purposes in the administration or ascial security number and provide a task identification number issued by the Internal Reverse and the state to monitor the exclusion limit. 3. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1. Print full name(s) of transferor(s)	PROPERTY ADDRESS		CITY
ROBATE NUMBER (If applicable) DATE OF DEATH (If applicable) DATE OF DECREE OF DISTRIBUTION (If applicable) ROBATE NUMBER (If applicable) DATE OF DECREE OF DISTRIBUTION (If applicable) States Code, section 405(c)(2)(C)(0) which authorizes the use of social security numbers for identification purposes in the administration or ascial security number and provide a task identification number issued by the Internal Reverse and the state to monitor the exclusion limit. 3. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1. Print full name(s) of transferor(s)			DATE OF PLIRCHASE OR TRANSFER
The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 C distates Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration of ax] A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Reverse. 3. TransFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse) 1 1. Print full name(s) of transferor(s)			
States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification numbers are used by the Assessor and the state to monitor the exclusion limit. 3. TansFEROR(\$)/SELLER(\$) (additional transferors please complete Section D on the reverse) 1. Print full name(s) of transferor(s) 2. Social security number(s) 3. Family relationship(\$) to transferor(s) 2. Social security number(s) 3. Family relationship(\$) to transfere(\$) If adopted, age at time of adoption 4. Was this property the transferor's principal residence? Yes, please check which of the following exemptions was granted or was eligible to be granted on this property: If yes, please check which of the following exemptions was granted or was eligible to be granted on this property: the Court 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 the property transferred? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amedments. CERTIFICATION Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including companying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor the posent) in principal residence under Revenue an	PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)
Service. The numbers are used by the Assessor and the state to monitor the exclusion limit. 3. TRANSFEROR(S)SELLER(S) (additional transferors 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 4. Was this property the transferor's principal residence? Yes, please check which of the following exemptions was granted or was eligible to be granted on this property: I Homeowners' Exemption Disabled Veterans' Exemption 5. Have there been other transfers that qualified for this exclusion? Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Court Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's print residence must be identified.) 6. Was only a partial interest in the property transferred? Yes No MPORTANT : If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a runsferor's grint ransferor's principal residence under Revenue and Taxation Code section the section and will not file a claim to transferor's principal residence under Revenue and Taxation Code section for My knowledge and that 1 am the parent or child (or transferor's for my incipal residence under Revenue and Taxation Code section 69.5. MOMATURE OF	States Code, section 405(c)(2)(C)(i) which authors	prizes the use of social security numbers f	or identification purposes in the administration o
			dentification number issued by the internal Rev
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 residence? Yes 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 transfers that qualified for this exclusion? Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Court 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 the property transferred? Yes No If Yes, please attach a list of all previous transferred? Yes No If yes, percentage transferred% 7. Was this property owned in joint tenancy? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a por trust and all amendments. CERTIFICATION CERTIFICATION CERTIFICATION Get(are) under penalty of perjury under the laws of the best of my knowledge and that 1 am the parent or child (or transferor's persentative) of the transferees listed in Section C.1 knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. INNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE			ne reverse)
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 residence? Yes 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 transfers that qualified for this exclusion? Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Court 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 the property transferred? Yes No If Yes, please attach a list of all previous transferred? Yes No If yes, percentage transferred% 7. Was this property owned in joint tenancy? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a por trust and all amendments. CERTIFICATION CERTIFICATION CERTIFICATION Get(are) under penalty of perjury under the laws of the best of my knowledge and that 1 am the parent or child (or transferor's persentative) of the transferees listed in Section C.1 knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. INNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE	1. Print full name(s) of transferor(s)		
3. Family relationship(s) to transferee(s) If adopted, age at time of adoption 4. Was this property the transferor's principal residence? Yes 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 transfers that qualified for this exclusion? Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cour Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's princeidence must be identified.) 6. Was only a partial interest in the property transferred? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amendments. Cerrify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including the persentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME OATTE Idnual ADDRESS DATTE DATTE DATTE DATTE PRINTED NAME DATTE DATTE DATTE PRINTED NAME </td <td></td> <td></td> <td></td>			
If adopted, age at time of adoption			
4. Was this property the transferor's principal residence? Yes 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 transfers that qualified for this exclusion? Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Court Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's princeidence must be identified.) 6. Was only a partial interest in the property transferred? Yes No If yes, precentage transferred % 7. Was this property owned in joint tenancy? Yes No If yes, for transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amendments. CERTIFICATION certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's principal residence under Revenue and Taxation Code section 69.5. NONATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME AulLING ADDRESS DATE INTY, STATE, ZIP EMAIL ADDRESS			
If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:		residence? Ves No	
□ Homeowners' Exemption □ Disabled Veterans' Exemption 5. Have there been other transfers that qualified for this exclusion? □ Yes No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Court Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's principal exclusion in the property transferred? □ Yes □ No 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 MORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amendments. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's epresentative) of the transferes listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. INGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE INGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE INGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NA			be granted on this property:
 Have there been other transfers that qualified for this exclusion? \[Yes \] No If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cour Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's princes idence must be identified.) Was only a partial interest in the property transferred? \[Yes \] No If yes, percentage transferred \[% Was this property owned in joint tenancy? \[Yes \] No Was this property owned in joint tenancy? \[Yes \] No Was this property owned in joint tenancy? \[Yes \] No Wes and all amendments. CERTIFICATION Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's epresentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. MONATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME MAILING ADDRESS MAILING ADDRESS DAYTIME PHONE NUMBER () 			be granted on this property.
If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cour Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transfero's printerial residence must be identified.) 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 If yes, percentage transferred% 7. Was this property owned in joint tenancy? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a por trust and all amendments. certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's persentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. IGENATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE AILING ADDRESS DAYTIME PHONE NUMBER () AILING ADDRESS DAYTIME PHONE NUMBER ()		·	
Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's print residence must be identified.) 6. Was only a partial interest in the property transferred? Yes No If yes , percentage transferred //////////////////////////////////			is list should include for each and a start the Ocur
7. Was this property owned in joint tenancy? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a bor trust and all amendments. CERTIFICATION certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's epresentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE	Assessor's parcel number, address, date		
MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a por trust and all amendments. CERTIFICATION certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. DIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE AILING ADDRESS DAYTIME PHONE NUMBER (OTTY, STATE, ZIP EMAIL ADDRESS EMAIL ADDRESS	6. Was only a partial interest in the property to	ransferred?	entage transferred %
Certify or trust and all amendments. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE	7. Was this property owned in joint tenancy?	🗆 Yes 🔲 No	
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE AILLING ADDRESS DATE	<u>IMPORTANT</u> : If the transfer was through the or trust and all amendments.	medium of a will and/or trust, you must	attach a full and complete copy of the will an
accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE			
BIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE MAILING ADDRESS DAYTIME PHONE NUMBER CITY, STATE, ZIP EMAIL ADDRESS	accompanying statements or documents, is true representative) of the transferees listed in Section	and correct to the best of my knowledge and correct to the best of my knowledge and c. I knowingly am granting this exclusion	and that I am the parent or child (or transferor's
MAILING ADDRESS DAYTIME PHONE NUMBER () CITY, STATE, ZIP EMAIL ADDRESS	of my principal residence under Revenue and Tax SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	(ation Code section 69.5.	DATE
MAILING ADDRESS DAYTIME PHONE NUMBER () CITY, STATE, ZIP EMAIL ADDRESS			
DITY, STATE, ZIP EMAIL ADDRESS	SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
	MAILING ADDRESS		DAYTIME PHONE NUMBER
			()
			EMAIL ADDRESS
(Please complete applicable information on reverse side.)	CITY, STATE, ZIP		

C. TRANSFEREE(S)/BUYER(S) (additional transferees please complete 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 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? □ Death □ Divorce/Termination of partnership If **no**, was the marriage or registered domestic partnership terminated by: If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? 🗌 Yes 🗌 No 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 **no**, was the marriage or registered domestic partnership terminated by: 🗌 Death 🗌 Divorce/Termination of partnership If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? Yes 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.)

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferee's legal representative) of the transferors listed in Section B; and that all of the transferees are eligible transferees within the meaning of section 63.1 of the Revenue and Taxation Code.

SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		DAYTIME PHONE NUMBER
CITY, STATE, ZIP		EMAIL ADDRESS

Note: The Assessor may contact you for additional information.

D. ADDITIONAL TRANSFEROR(S)/SELLER(S)

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

E. ADDITIONAL TRANSFEREE(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 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.

