EF-58-AH-R17-0516-06000811-1 BOE-58-AH (P1) REV. 17 (05-16)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Bob Buckner 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.)

		1						
A. PR	ROPERTY							
ASSESS	DR'S PARCEL NUMBER							
PROPER	TY ADDRESS	CITY						
RECORD	ER'S DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER						
PROBATI	E NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)					
States tax.] A Service	Code, section 405(c)(2)(C)(i) which auth foreign national who cannot obtain a se. The numbers are used by the Assessor	orizes the use of social security numbers for	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue e)					
1.	Print full name(s) of transferor(s)		·					
2.	Social security number(s)							
3.	Family relationship(s) to transferee(s)	<u> </u>	 					
	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 dæ) • △\s that qualified for this exclusion? Á ☐ 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 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 the property transferred? Yes No If yes, percentage transferred %							
7.	Was this property owned in joint tenancy? ☐ Yes ☐ No							
8.	If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all amendments.							
		CERTIFICATION						
accom represi value d	panying statements or documents, is tru entative) of the transferees listed in Sec of my principal residence under Revenue	e and correct to the best of my knowledge a tion C. I knowingly am granting this exclusio and Taxation Code section 69.5.	foregoing and all information hereon, including any not that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year					
SIGNATU	JRE OF TRANSFEROR OR LEGAL REPRESENTATIV	DATE						
SIGNATU	JRE OF TRANSFEROR OR LEGAL REPRESENTATIV	E PRINTED NAME	DATE					
MAILING	ADDRESS	DAYTIME PHONE NUMBER ()						
CITY, STA	ATE, ZIP		EMAIL ADDRESS					

(Please complete applicable information on reverse side.)
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



C. T	RANSFEREE(S)/BUYER(S)	additional tra	ansferees please compl	ete "C" below)					
1.	Print full name(s) of transfere	ee(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? \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 or transfer? ☐ Yes ☐ No	erminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase 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? \Box Yes \Box No								
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership								
	terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \square Yes \square No								
3.	ALLOCATION OF EXCLUSION transferee must specify on a					million dollar value exclusion, the s being sought.)			
			CERTIFIC	CATION					
represe the Re		ed in Section	n B; and that all of the tr			rent or child (or transferee's legal in the meaning of section 63.1 of			
SIGNATU	JRE OF TRANSFEREE OR LEGAL REP	PRESENTATIVE	PRINTED NAME		DATE				
MAILING	ADDRESS				DAYTIME PHONE NUM	BER .			
-					()				
CITY, STATE, ZIP EMAIL ADDRESS									
Note:	The Assessor may contact you	ı for addition	al information.		<u>'</u>				
	, ,		ITIONAL TRANSFERO	PR(S)/SELLER(S) (C	ontinued)				
NAME		SOCIAL SECURITY NUMBER		SIGNATURE		RELATIONSHIP			
			DITIONAL TRANSFERE						
		DEL ATIONOUID							
		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;
- 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.