EF-58-AH-R20-0520-14000556-1 BOE-58-AH (P1) REV. 20 (05-20)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

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

	,							
A PROPERTY								
A. PROPERTY ASSESSOR'S PARCEL NUMBER								
AGGEGGGING TARGEE NOMBER								
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 author	rizes the use of social security r cial security number may provid and the state to monitor the exclus	·						
1. Print full name(s) of transferor(s)								
Social security number(s)								
3. Family relationship(s) to transferee(s)								
If adopted, age at time of adoption								
Was this property the transferor's principal in the state of the	residence?							
If yes , please check which of the following of		pliable to be granted on this property:						
• • •	,	engible to be granted on this property.						
·	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption 5. Have there been other transfers that qualified for this exclusion? ☐ Yes ☐ No							
·								
		usion. (This list should include for each property: the County, As- s/buyers, and family relationship. Transferor's principal residence						
6. Was only a partial interest in the property tra	. Was only a partial interest in the property transferred? \Box Yes \Box No \Box If yes , percentage transferred %							
7. Was this property owned in joint tenancy?	☐ Yes ☐ No							
IMPORTANT : If the transfer was through the n trust and all amendments.	nedium of a will and/or trust, y	ou must attach a full and complete copy of the will and/or						
	CERTIFICATION							
accompanying statements or documents, is true	and correct to the best of my kn C. I knowingly am granting this e	nia that the foregoing and all information hereon, including any owledge and that I am the parent or child (or transferor's legal exclusion and will not file a claim to transfer the base year value						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
>								
MAILING ADDRESS	DAYTIME PHONE NUMBER							
OLTY OTATE ZID	()							
CITY, STATE, ZIP	EMAIL ADDRESS							

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



1.	Print full name(s) of transferee	e(s)								
2.	Family relationship(s) to transferor(s)									
	If adopted, age at time of ado									
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered married to or in a 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 reg	istered don	nestic partnership termi	ip terminated by: ☐ Death ☐ 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 pur or transfer?										
									If no, was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partners	
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purch or transfer? \square Yes \square No									
3.	 ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferred must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.) 									
			CERTIFI	CATION						
the Re	entative) of the transferors lister evenue and Taxation Code. JRE OF TRANSFEREE OR LEGAL REPR		PRINTED NAME	ransferees are eligibl	DATE	n the meaning of section 63.1 o				
					DAYTIME BUONE NUMBER					
MAILING	GADDRESS				DAYTIME PHONE NUMI	SEK				
CITY, ST	CITY, STATE, ZIP					EMAIL ADDRESS				
Note:	The Assessor may contact you	for addition	al information.							
		D	. ADDITIONAL TRANS	FEROR(S)/SELLER	R(S)					
NAME		SOCIAL	SECURITY NUMBER	SIGNAT	URE	RELATIONSHIP				
		E	. ADDITIONAL TRANS	 SFEREE(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.
- 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.

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