EF-58-AH-R21-0522-20000182-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Brett Frazier Madera County Assessor

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

| L | ل_ | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| A. PROPERTY | | | | | | | | |
| ASSESSOR'S PARCEL/ID 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 | authorizes the use of social secun a a social security number may p | r Revenue and Taxation Code section 63.1. [See Title 42 United rity numbers for identification purposes in the administration of any rovide a tax identification number issued by the Internal Revenue exclusion limit. | | | | | | |
| B. TRANSFEROR(S)/SELLER(S) (additional property) | onal transferors please complete S | Section D on the reverse) | | | | | | |
| 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 pri | ncipal residence? 🛚 Yes 🔲 No | | | | | | | |
| If yes , please check which of the follo | owing exemptions was granted or v | was eligible to be granted on this property: | | | | | | |
| ☐ Homeowners' Exemption ☐ Disa | abled Veterans' Exemption | | | | | | | |
| 5. Have there been other transfers that | 5. Have there been other transfers that qualified for this exclusion? Yes No | | | | | | | |
| | | exclusion. (This list should include for each property: the County, e transferees/buyers, and family relationship. Transferor's principal | | | | | | |
| 6. Was only a partial interest in the property transferred? \square Yes \square No \square If yes, percentage transferred % | | | | | | | | |
| 7. Was this property owned in joint tena | ncy? ☐ Yes ☐ No | | | | | | | |
| <u>IMPORTANT</u> : If the transfer was throug or trust and all amendments. | n the medium of a will and/or tru | ıst, you must attach a full and complete copy of the will and/ | | | | | | |
| | CERTIFICAT | | | | | | | |
| accompanying statements or documents, it | s true and correct to the best of m Section C. I knowingly am granting | alifornia that the foregoing and all information hereon, including any ny knowledge and that I am the parent or child (or transferor's legal this exclusion and will not file a claim to transfer the base year value | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESEN | TATIVE PRINTED NAME | DATE | | | | | | |
| <u> </u> | | | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESEN | ITATIVE PRINTED NAME | DATE | | | | | | |
| MAILING ADDRESS | DAYTIME PHONE NUMBER | | | | | | | |
| CITY STATE 7ID | | () | | | | | | |
| CITY, STATE, ZIP | EMAIL ADDRESS | | | | | | | |

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

| C. TRANSFEREE(S)/BUYER(| (S) (additional trar | nsferees please comple | ete Section E below) | | | |
|---|---------------------------------|----------------------------|----------------------------|----------------------|---|--|
| 1. Print full name(s) of trar | ` ' | | | | | |
| 2. Family relationship(s) to | | | | | | |
| If adopted, age at time | • | | | | | |
| If stepparent/stepchild registered with the Calit | | | | | c partnership <i>(registered mean</i> : □ Yes □ No | |
| If no , was the marriage | or registered dom | nestic partnership termi | nated by: $\ \square$ Deat | h Divorce/Ter | rmination of partnership | |
| If terminated by death, r or transfer? Γ Yes | | stepparent remarried or | entered into a registe | red domestic partn | ership as of the date of purchase | |
| If in-law relationship is i purchase or transfer? | involved, was the ☐ Yes ☐ No | child-in-law still marrie | d to or in a registered | domestic partners | ship with the child on the date o | |
| If no , was the marriage | or registered dom | nestic partnership termi | nated by: Deatl | n 🗌 Divorce/Terr | mination of partnership | |
| If terminated by death, hor transfer? \Box Yes | | hild-in-law remarried or | entered into a registe | red domestic partn | ership as of the date of purchase | |
| ALLOCATION OF EXC transferee must specify | | | | | million dollar value exclusion, the being sought.) | |
| | | CERTIFI | CATION | | | |
| representative) of the transferon the Revenue and Taxation Code SIGNATURE OF TRANSFEREE OR LEGA | e . | n B; and that all of the t | ransferees are eligibl | e transferees withi | n the meaning of section 63.1 o | |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME | | | | DATE | | |
| MAILING ADDRESS | | | | DAYTIME PHONE NUMBER | | |
| CITY, STATE, ZIP | | | | EMAIL ADDRESS | | |
| Note: The Assessor may contact | ct you for addition | al information. | | <u> </u> | | |
| D. ADDITIONAL TRANSFERO | R(S)/SELLER(S |) | | | | |
| NAME | SOCIAL | SECURITY NUMBER | SIGNATURE | | RELATIONSHIP | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| E. ADDITIONAL TRANSFERE | E(S)/BUYER(S) | | 1 | | | |
| NAME | | | | | RELATIONSHIP | |
| | | | | | | |
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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 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.

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.



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