EF-58-AH-R18-0617-24001227-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

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

L	_							
A. PROF	PERTY							
ASSESSOR'S	PARCEL NUMBER							
PROPERTY A	DDRESS	CITY						
RECORDER'S	DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER						
PROBATE NU	MBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)					
States Co tax.] A for Service. T	de, section 405(c)(2)(C)(i) which autho eign national who cannot obtain a so he numbers are used by the Assessor a	rizes 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					
	int full name(s) of transferor(s)	,	,					
2. S	2 Social security number(s)							
3. Fa	3. Family relationship(s) to transferee(s)							
	adopted, age at time of adoption							
4. Was this property the transferor's principal residence? Yes No								
If	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. H	ave there been other dæ) • A¦s that qua	ilified for this exclusion? Á ☐ Yes ☐ No						
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. W	. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred %							
7. W	as this property owned in joint tenancy	? ☐ Yes ☐ No						
	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						
accompar represent value of m	ying statements or documents, is true ative) of the transferees listed in Secti by principal residence under Revenue a	and correct to the best of my knowledge an on C. I knowingly am granting this exclusion nd Taxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year					
SIGNATURE	OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
SIGNATURE	OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
MAILING ADI	DRESS	DAYTIME PHONE NUMBER						
CITY, STATE,	ZIP	EMAIL ADDRESS						

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



C. TI	RANSFEREE(S)/BUYER(S	s) (additional tra	ansferees please compl	lete "C" below)				
	Print full name(s) of transfe	. ,						
2.	Family relationship(s) to transferor(s)							
	If no , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ 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 purchase or transfer? \Box Yes \Box 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: $\ \square$ Death $\ \square$ Divorce/Termination of partnership							
If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partners the date of purchase or transfer? \Box Yes \Box 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.)							
			CERTIFI	CATION				
accom repres the Re	panying statements or docu entative) of the transferors l evenue and Taxation Code.	uments, is true i isted in Section	and correct to the best a B; and that all of the to	of my knowledge and	d that I am the par e transferees with	nformation hereon, including any rent or child (or transferee's lega in the meaning of section 63.1 o		
SIGNATU	JRE OF TRANSFEREE OR LEGAL R	EPRESENTATIVE	PRINTED NAME		DATE			
MAILING	ADDRESS				DAYTIME PHONE NUM	BER		
CITY, ST.	ATE, ZIP				() EMAIL ADDRESS			
Note:	The Assessor may contact y	ou for addition	al information.					
	, ,		ITIONAL TRANSFERO	OR(S)/SELLER(S) (C	ontinued)			
NAME		SOCIAL	SECURITY NUMBER	SIGNATURE		RELATIONSHIP		
		C. ADE	DITIONAL TRANSFERI	EE(S)/BUYER(S) (co	ntinued)			
		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.

EF-58-AH-R18-0617-2400122