EF-58-AH-R21-0522-26000544-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

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

ı		1							
A. PROPERTY									
ASSESSOR'S PARCEL/ID NUMBER									
		I am							
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 aut tax.] A foreign national who cannot obtain a Service. The numbers are used by the Assessor	horizes the use of social secu social security number may p rr and the state to monitor the e								
B. TRANSFEROR(S)/SELLER(S) (additional	transferors please complete S	Section D on the reverse)							
1. Print full name(s) of transferor(s)									
Social security number(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 princip	4. Was this property the transferor's principal residence? ☐ Yes ☐ No								
If yes, please check which of the following	If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:								
☐ Homeowners' Exemption ☐ Disable	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption								
5. Have there been other transfers that qua	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	6. 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								
<u>IMPORTANT</u> : If the transfer was through th or trust and all amendments.	e medium of a will and/or tru	ust, you must attach a full and complete copy of the will and/							
	CERTIFICAT								
accompanying statements or documents, is tru	ne and correct to the best of mails of the control	California that the foregoing and all information hereon, including any any 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 DATE							
NAME OF THAT OF ELONG ON ELONG HEI RESERVATION	VE PRINTED NAME	DATE							
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI	/E PRINTED NAME	DATE							
MAILING ADDRESS	DAYTIME PHONE NUMBER								
CITY, STATE, ZIP	EMAIL ADDRESS								

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

C. TRA	NSFEREE(S)/BUYER(S) (ad	ditional trar	nsferees please comple	te Section E below)					
1.	Print full name(s) of transferee	e(s)							
2.	Family relationship(s) to transferor(s)								
	If adopted, age at time of adop								
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered 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	nated by: $\ \square$ Deat	h 🗆 Divorce/Ter	rmination of partnership			
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of pure or transfer? \square Yes \square 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 purchase or transfer?									
	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					
accomp represe the Rev	nanying statements or docume ntative) of the transferors listed renue and Taxation Code.	nts, is true d in Sectior	and correct to the best n B; and that all of the t	of my knowledge and	d that I am the par e transferees withi	nformation hereon, including any ent or child (or transferee's lega in the meaning of section 63.1 o			
SIGNATUI	RE OF TRANSFEREE OR LEGAL REPR	ESENTATIVE	PRINTED NAME		DATE				
MAILING ADDRESS DAYTIME PHONE NUMB						BER			
CITY STA	TE 7ID				() EMAIL ADDRESS				
CITY, STATE, ZIP EMAIL ADDRESS									
Note: T	he Assessor may contact you t	for addition	al information.		1				
D. ADI	DITIONAL TRANSFEROR(S)/	SELLER(S)						
NAME		SOCIAL SECURITY NUMBER		SIGNATURE		RELATIONSHIP			
E. ADC	DITIONAL TRANSFEREE(S)/E	UYER(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 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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