EF-60-NR-R04-0221-29000361-1 BOE-60-NR (FRONT) REV. 04 (02-21)

## OLTHORNIA CALIFORNIA

## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

## NOTICE OF RESCISSION OF CLAIM TO TRANSFER BASE YEAR VALUE TO REPLACEMENT DWELLING UNDER REVENUE & TAXATION CODE SECTION 69.5 (PROPOSITIONS 60/90/110)

| A. REPLACEMENT DW                                                                                                                                                                                                                                        | ELLING                 |                                                                                        |                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------|-------------------------------|--|
| ASSESSOR'S PARCEL/ID NUMBER                                                                                                                                                                                                                              |                        | RECORDER'S DOCUMENT NUMBER                                                             | RECORDER'S DOCUMENT NUMBER    |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
| DATE OF PURCHASE                                                                                                                                                                                                                                         | PURCHASE PRICE         | DATE OF COMPLETION OF NEW CONSTRUCTION                                                 | COST OF NEW CONSTRUCTION      |  |
|                                                                                                                                                                                                                                                          | \$                     |                                                                                        | \$                            |  |
| PROPERTY ADDRESS (street, city, county, state, zip code)                                                                                                                                                                                                 |                        |                                                                                        |                               |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
| DATE ORIGINAL CLAIM WAS FILED                                                                                                                                                                                                                            |                        |                                                                                        |                               |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
| B. CLAIMANT INFORM                                                                                                                                                                                                                                       | MATION (please prir    | nt)                                                                                    |                               |  |
| NAME OF CLAIMANT                                                                                                                                                                                                                                         |                        |                                                                                        | SOCIAL SECURITY NUMBER        |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
| NAME OF SPOUSE (provide if the spouse is a record owner of either the original property or the replacement dwelling)                                                                                                                                     |                        |                                                                                        | SOCIAL SECURITY NUMBER        |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
| Please check the box un                                                                                                                                                                                                                                  | der which you are fil  | ling this Notice of Rescission:                                                        |                               |  |
| ☐ (1) This Notice of Re                                                                                                                                                                                                                                  | escission must be file | ed with the Assessor:                                                                  |                               |  |
| • Refore the date the                                                                                                                                                                                                                                    | a county first issues  | a refund check for the property taxes on th                                            | e transferred base year value |  |
| <ul> <li>Before the date the county first issues a refund check for the property taxes on the transferred base year value.</li> <li>If a refund is not applicable, before any property taxes are paid on the new transferred base year value.</li> </ul> |                        |                                                                                        |                               |  |
| •                                                                                                                                                                                                                                                        |                        | y property taxes are paid on the new transferred bas                                   | •                             |  |
| OR                                                                                                                                                                                                                                                       |                        |                                                                                        |                               |  |
| _                                                                                                                                                                                                                                                        |                        | 1 W 11 A                                                                               |                               |  |
| (2) This Notice of Re                                                                                                                                                                                                                                    | escission must be tile | ed with the Assessor:                                                                  |                               |  |
| <ul> <li>Within 6 years after</li> </ul>                                                                                                                                                                                                                 | er relief was granted, | , and                                                                                  |                               |  |
| • The replacement property was vacated as the principal place of residence within 90 days after the original claim                                                                                                                                       |                        |                                                                                        |                               |  |
| was filed.                                                                                                                                                                                                                                               |                        |                                                                                        |                               |  |
|                                                                                                                                                                                                                                                          |                        | CERTIFICATION                                                                          |                               |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |
|                                                                                                                                                                                                                                                          |                        | der penalty of perjury under the laws of the                                           |                               |  |
| tnat                                                                                                                                                                                                                                                     |                        | all information hereon, is true, correct, and o<br>est of my/our knowledge and belief. | complete to the               |  |
| OLAMANTIO GIONATURE                                                                                                                                                                                                                                      |                        | or my our knowledge and belief.                                                        | lovre.                        |  |
| CLAIMANT'S SIGNATURE                                                                                                                                                                                                                                     |                        |                                                                                        | DATE                          |  |
| SPOUSE'S SIGNATURE                                                                                                                                                                                                                                       |                        |                                                                                        | DATE                          |  |
| SPOUSE'S SIGNATURE                                                                                                                                                                                                                                       |                        |                                                                                        | DATE                          |  |
| HOME DHONE NUMBER                                                                                                                                                                                                                                        |                        |                                                                                        | DAYTIME BLONE NUMBER          |  |
| HOME PHONE NUMBER                                                                                                                                                                                                                                        |                        |                                                                                        | DAYTIME PHONE NUMBER          |  |
| MALLING ADDRESS (including tip code)                                                                                                                                                                                                                     |                        |                                                                                        | ( )                           |  |
| MAILING ADDRESS (including zip code)                                                                                                                                                                                                                     |                        |                                                                                        | EMAIL ADDRESS                 |  |
|                                                                                                                                                                                                                                                          |                        |                                                                                        |                               |  |

All information provided on this form is subject to verification.

IF YOUR APPLICATION IS INCOMPLETE, YOUR NOTICE OF RESCISSION MAY NOT BE PROCESSED.



BOE-60-NR (BACK) REV. 04 (02-21)

## GENERAL INFORMATION (A fee may be required to process this document.)

Until March 31, 2021, California law allows any person who is at least 55 years of age (at the time of sale of original/former property) who resides in a property eligible for the homeowners' exemption (place of residence) or currently receiving the disabled veterans' exemption to transfer the base year value of the original property to a replacement dwelling of equal or lesser value (Propositions 60/90/110). The replacement dwelling must be purchased or newly constructed within two years of the sale of the original property. A claim must be filed with the Assessor's office within three years of the date the replacement dwelling is purchased or new construction of that replacement dwelling is completed.

A claimant may rescind their previously filed claim for a base year value transfer. A claim may be rescinded according to Revenue and Taxation Code section 69.5(i) if this notice of rescission, signed by the original claimant(s), is delivered to the Assessor's office (where the claim was filed) before any of the following have occurred:

- The county first issues a refund check for the property taxes on the transferred base year value.
- If a refund is not applicable, before property taxes are paid on the new transferred base year value.
- If taxes have not been paid, before property taxes on the new transferred base year value become delinquent.

Beginning January 1, 2001, a claimant may rescind their previously filed claim for a base year value transfer if the replacement dwelling was vacated as the claimant's principal place of residence within 90 days after the date the original claim for a base year value was filed, and this notice of rescission is filed with the Assessor within six years after the relief was granted. Within six years after the relief was granted means within six years from the date the county issues a refund check or property taxes are paid on the new transferred base year value.

These rescission provisions apply only to claims for base year value transfers under Propositions 60/90/110. These provisions do not apply to claims for base year value transfers under Proposition 19 that occur on or after April 1, 2021.

If this rescission increases the base year value of a property, or the homeowners' exemption has been incorrectly allowed, appropriate escape assessments or supplemental assessments, including interest as provided in Revenue and Taxation Code section 506, shall be imposed. The statute of limitations for any escape or supplemental assessment will not commence until July 1 of the assessment year in which the notice of rescission is filed with the Assessor.

If a claim is successfully rescinded, then the base year value from the original property may be transferred to another property, as long as the second property also meets all the requirements of section 69.5: (1) The replacement dwelling (land and improvements) must have been acquired or newly constructed on or before March 31, 2021 and within two years of the sale of the original property; (2) the replacement dwelling is of equal or lesser value than the original property; (3) a claim for relief must be filed within three years of the date the replacement dwelling is purchased or new construction of that replacement dwelling is completed. If the second property is purchased on or after April 1, 2021, then the base year value may be transferred under section 2.1 of article XIII A of the California Constitution (Proposition 19), as long as (1) the replacement primary residence is purchased within two years of the sale of the original primary residence, and (2) a claim for relief (BOE-19-B) is timely filed with the County Assessor.

**PLEASE NOTE:** Transfers between counties are allowed under Propositions 90/110 only if the county in which the replacement dwelling is located has passed an authorizing ordinance and the transfer occurs on or before March 31, 2021. The acquisition of the replacement dwelling must occur on or after the date specified in the county ordinance.

(Please complete applicable information on reverse side.)

