## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Cynthia L. Froggatt Plumas County Assessor 1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

Sessesson's PARCELID NUMBER			
Sessesson's PARCELID NUMBER			
Sessesson's PARCELID NUMBER			
Sessesson's PARCELID NUMBER			
Sessesson's PARCELID NUMBER		1	
PROPERTY ADDRESS       CITY         PROPERTY ADDRESS       DATE OF PURCHASE OR TRANSFER         DATE OF PURCHASE OR TRANSFER       DATE OF PURCHASE OR TRANSFER         PROBATE NUMBER (# upplicable)       DATE OF DEATH (# applicable)       DATE OF DECREE OF DISTRIBUTION (# applicable)         The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42.2 Secies Cate and thorizes the use of social security numbers is of identification number issued by the Assessor and the state to monitor the exclusion limit.         B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)	A. PROPERTY		
RECORDER'S DOCUMENT NUMBER       DATE OF PURCHASE OR TRANSFER         PROBATE NUMBER (#applicable)       DATE OF DECREE OF DISTRIBUTION (#applicable)         DATE OF DECREE OF DISTRIBUTION (#applicable)       DATE OF DECREE OF DISTRIBUTION (#applicable)         The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42.         States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal ReService. The numbers are used by the Assessor and the state to monitor the exclusion limit.         B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)         1. Print full name(s) of transferor(s)         2. Social security number(s)         3. Family relationship(s) to transfere(s)            fadopted, age at time of adoption         4. Was this property the transferor's principal residence?       Yes            Ave there been other transfers that qualified for this exclusion?       Yes            State at a list of all previous transfers that qualified for this exclusion?       Yes            State at a list of all previous transfers and e dist of all previous transfers of all the transferees/buyers, and family relationship. Transferor's princise at a dualified for this exclusion?       Yes            Swas only a partial interest in the property transferred?       Yes       No            Yes, please attach a list of all previous transfer shat qualifi	ASSESSOR'S PARCEL/ID NUMBER		
RECORDER'S DOCUMENT NUMBER       DATE OF PURCHASE OR TRANSFER         PROBATE NUMBER (#applicable)       DATE OF DECREE OF DISTRIBUTION (#applicable)         DATE OF DECREE OF DISTRIBUTION (#applicable)       DATE OF DECREE OF DISTRIBUTION (#applicable)         The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42.         States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification number issued by the Internal ReService. The numbers are used by the Assessor and the state to monitor the exclusion limit.         B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)         1. Print full name(s) of transferor(s)         2. Social security number(s)         3. Family relationship(s) to transfere(s)            fadopted, age at time of adoption         4. Was this property the transferor's principal residence?       Yes            Ave there been other transfers that qualified for this exclusion?       Yes            State at a list of all previous transfers that qualified for this exclusion?       Yes            State at a list of all previous transfers and e dist of all previous transfers of all the transferees/buyers, and family relationship. Transferor's princise at a dualified for this exclusion?       Yes            Swas only a partial interest in the property transferred?       Yes       No            Yes, please attach a list of all previous transfer shat qualifi			
ROBATE NUMBER (# applicable)         DATE OF DEATH (# applicable)         DATE OF DECREE OF DISTRIBUTION (# applicable)           The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 (States Code, section 405(c)/2)(C)(0) which authorizes the use of social security numbers for identification number issued by the Internal Reservice. The numbers are used by the Assessor and the state to monitor the exclusion limit.           B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)             1. Print full name(s) of transferor(s)                   2. Social security number(s)                   3. Family relationship(s) to transferor(s)                   2. Social security number(s)                   3. Family relationship(s) to transferor's principal residence?   Yes   No                   4. Was this property the transfers that qualified for this exclusion?   Yes   No                   5. Howewners' Exemption   Disabled Veterans' Exemption                     6. Was only a partial interest that qualified for this exclusion. (This list should i	PROPERTY ADDRESS		CITY
ROBATE NUMBER (# applicable)         DATE OF DEATH (# applicable)         DATE OF DECREE OF DISTRIBUTION (# applicable)           The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 (States Code, section 405(c)/2)(C)(0) which authorizes the use of social security numbers for identification number issued by the Internal Reservice. The numbers are used by the Assessor and the state to monitor the exclusion limit.           B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)             1. Print full name(s) of transferor(s)                   2. Social security number(s)                   3. Family relationship(s) to transferor(s)                   2. Social security number(s)                   3. Family relationship(s) to transferor's principal residence?   Yes   No                   4. Was this property the transfers that qualified for this exclusion?   Yes   No                   5. Howewners' Exemption   Disabled Veterans' Exemption                     6. Was only a partial interest that qualified for this exclusion. (This list should i	RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER
The disclosure of social security numbers is required by Revenue and Taxtion Code section 63.1. [See Title 42 States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration tax.] A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Re Service. The numbers are used by the Assessor and the state to monitor the exclusion limit. B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)  1. Print full name(s) of transferor(s)  2. Social security number(s)  3. Family relationship(s) to transfere(s)  4. Was this property the transferor's principal residence? 4. Was this property the transferor's principal residence? 4. Was the poen other transfers that qualified for this exclusion? 5. Have there been other transfers that qualified for this exclusion? 5. Have there been other transfers that qualified for this exclusion? 6. Was only a partial interest in the property transferer, names of all the transferee/s/buyers, and family relationship. Transferor's principal residence? 7. Was this property owned in joint tenancy? 7. Was the propensity of perjury under the laws of the State of California that the foregoing and all information hereon, includin faccompanying statements or documents, is true and correct to the best of rule knowledge and that I am the parent or child (or transferred) 7. Was the property or penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin faccompanying statements or documents, is true and correct to the			
States Code, section 405(c)(2)(C)(I) which authorizes the use of social security numbers for identification numbers as used by the Assessor and the state to monitor the exclusion limit.         B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)         1. Print full name(s) of transferor(s)         2. Social security number(s)         3. Family relationship(s) to transferor(s)         2. Social security number(s)         3. Family relationship(s) to transferor's principal residence?         Yes, please check which of the following exemptions was granted or was eligible to be granted on this property:         I dopted, age at time of adoption         4. Was this property the transferor's principal residence?       Yes         No       If sees please check which of the following exemptions was granted or was eligible to be granted on this property:         I Homeowners' Exemption       Disabled Veterans' Exemption         5. Have there been other transfers that qualified for this exclusion?       Yes       No         If sees, please attach a list of all previous transfers names of all the transferees/buyers, and family relationship. Transferor's pri-       residence must be identified.)         6. Was only a partial interest in the property transferred?       Yes       No         IMPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will accompanying statements or doccuments, is true and correct to the best of my knowledg	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 security numbers for identification numbers as used by the Assessor and the state to monitor the exclusion limit.         B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)         1. Print full name(s) of transferor(s)         2. Social security number(s)         3. Family relationship(s) to transferor(s)         2. Social security number(s)         3. Family relationship(s) to transferor's principal residence?         Yes, please check which of the following exemptions was granted or was eligible to be granted on this property:         I dopted, age at time of adoption         4. Was this property the transferor's principal residence?       Yes         No       If sees please check which of the following exemptions was granted or was eligible to be granted on this property:         I Homeowners' Exemption       Disabled Veterans' Exemption         5. Have there been other transfers that qualified for this exclusion?       Yes       No         If sees, please attach a list of all previous transfers names of all the transferees/buyers, and family relationship. Transferor's pri-       residence must be identified.)         6. Was only a partial interest in the property transferred?       Yes       No         IMPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will accompanying statements or doccuments, is true and correct to the best of my knowledg			
<ol> <li>Print full name(s) of transferor(s)</li> <li>Social security number(s)</li> <li>Family relationship(s) to transferee(s)</li> <li>If adopted, age at time of adoption</li> <li>Was this property the transferor's principal residence?</li> <li>Yes No</li> <li>If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:</li> <li>Homeowners' Exemption</li> <li>Disabled Veterans' Exemption</li> <li>Have there been other transfers that qualified for this exclusion?</li> <li>Yes No</li> <li>If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri residence must be identified.)</li> <li>Was this property owned in joint tenancy?</li> <li>Yes No</li> <li>If yes, please attach a list of all previous transferred?</li> <li>Yes No</li> <li>Was this property owned in joint tenancy?</li> <li>Yes No</li> <li>If yes that all amendments.</li> <li>CERTIFICATION</li> <li>CERTIFICATION</li> <li>Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includit accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transfer of california theory) of the transfer we and correct to the best of my knowledge and that I am the parent or child (or transfer of california transfer of transfer role resonce under Revenue and Taxation Code section 69.5.</li> <li>INATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE</li> <li>PRINTED NAME</li> <li>DATE</li> <li>MAILING ADDRESS</li> <li>DAYTIME PHONE NUMBER</li> <li>()</li> <li>ZITY, STATE, ZIP</li> </ol>	Service. The numbers are used by the Assessor a	and the state to monitor the exclusion limit.	-
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 principal residence? 4. Was there been other transfers that qualified for this exclusion? 5. Have there been other transfers that qualified for this exclusion? 5. Have there been other transfers that qualified for this exclusion? 6. Was only a partial interest in the property transferred? 4. Was this property owned in joint tenancy? 4. Was this property owned in joint tenancy? 4. Was this property owned in joint tenancy? 4. Was the base of the State of California that the foregoing and all information hereon, includin faccompanying statements or documents, is true and correct to the best of my knowledge and that 1 am the parent or child (or transfer of any principal residence and Faxitan Code section 69.5. 4. State Companying statements or documents, is true and correct to the best of my knowledge and that 1 am the parent or child (or transfer of any principal residence and Faxitan Code section 69.5. 4. State Companying statements or documents, is true and correct to the best of my knowledge and that 1 am the parent or child (or transfer of any principal residence and Faxitan Code section 69.5. 4. State Companying statements or documents, is true and correct to the best of my knowledge an		ansierors piease complete Section D on the	
3. Family relationship(s) to transferee(s)   If adopted, age at time of adoption   4. Was this property the transferor's principal residence?   Yes   No   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. Have there been other transfers that qualified for this exclusion?   Yes   No   If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri residence must be identified.)   6. Was only a partial interest in the property transferred?   Yes   No <b>MPORTANT:</b> If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a rust and all amendments.   Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin ticcompanying statements or documents, is rue and correct to the best of my knowledge and that I am the parent or child (or transferor') representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.   IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE   PRINTED NAME   IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE   PRINTED NAME   IGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE <td></td> <td></td> <td></td>			
If adopted, age at time of adoption			
4. Was this property the transferor's principal residence? Yes No   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. Have there been other transfers that qualified for this exclusion? Yes   No   If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri residence must be identified.)   6. Was only a partial interest in the property transferred? Yes   No   MPORTANT:   If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amendments.   CERTIFICATION   certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transfer or sepresentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence or legal REPRESENTATIVE   PRINTED NAME DATE   MALING ADDRESS DATE   informature of TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME   DATE ( ( )	<b>; (</b> ()		
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. Have there been other transfers that qualified for this exclusion?       □ Yes       No         If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri- residence must be identified.)         6. Was only a partial interest in the property transferred?       □ Yes       □ No         MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.       •         Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's epresentative) of the transferes listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         INGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE MAILING ADDRESS       PRINTED NAME       DATE         AILING ADDRESS       DAYTIME PHONE NUMBER ( )			
5. Have there been other transfers that qualified for this exclusion? Yes No   If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri- residence must be identified.) 6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred% 7. Was this property owned in joint tenancy? Yes No MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments. CERTIFICATION certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's prive persentative) of the transferee listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. INGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE INTENDING AILING ADDRESS DATE DATE DATE INTED NAME DATE DATE INTED NAME DATE DATE INTED NAME DATE DATE INTENDED NAME DATE DATE INTENDED NAME			e granted on this property:
If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the Cou         Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri-         residence must be identified.)         6. Was only a partial interest in the property transferred?       Yes       No       If yes, percentage transferred       %         7. Was this property owned in joint tenancy?       Yes       No       Mo         MPORTANT:       If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's persentative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         IGENATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME       DATE         AllLING ADDRESS       DAYTIME PHONE NUMBER       ()         AllLING ADDRESS       DAYTIME PHONE NUMBER       ()         QUTY, STATE, ZIP       EMAIL ADDRESS       DAYTIME PHONE NUMBER			
Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's pri- residence must be identified.)  6. Was only a partial interest in the property transferred? Yes No If <b>yes</b> , percentage transferred%  7. Was this property owned in joint tenancy? Yes No  MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a or trust and all amendments.  CERTIFICATION  Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that 1 am the parent or child (or transfer or species entative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.  SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE RINTED NAME  AAILING ADDRESS  DAYTIME PHONE NUMBER ()  CITY, STATE, ZIP  Date			
7. Was this property owned in joint tenancy?       Yes       No         MPORTANT: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a correct to trust and all amendments.         CERTIFICATION         certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME         MAILING ADDRESS       DATE         MAILING ADDRESS       DATE         CITY, STATE, ZIP       EMAIL ADDRESS	Assessor's parcel number, address, date o		
Important: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: Important: Important: Important trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: Important: Important trust, you must attach a full and complete copy of the will a for trust and all amendments.         Important: Important: Important trust, you must attach a full and complete copy of the will a for trust and all information hereon, including accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's transferes listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         INTENTION: Important transfer for transfere for transfere or transfer for transfere or transfer fo	6. Was only a partial interest in the property tra	ansferred? 🛛 Yes 🗌 No If <b>yes,</b> percer	ntage transferred%
CERTIFICATION         CERTIFICATION         I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRESENTATIVE       PRINTED NAME       DATE         I signature of transferor or LEGAL REPRES	7. Was this property owned in joint tenancy?	🗆 Yes 🔲 No	
CERTIFICATION         I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME       DATE         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME       DATE         MAILING ADDRESS       DAYTIME PHONE NUMBER       (         CITY, STATE, ZIP       EMAIL ADDRESS       EMAIL ADDRESS		nedium of a will and/or trust, you must a	ttach a full and complete copy of the will a
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, includin accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5.         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME         DATE		CERTIFICATION	
representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year of my principal residence under Revenue and Taxation Code section 69.5. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME DATE MAILING ADDRESS DAYLIME PHONE NUMBER () CITY, STATE, ZIP EMAIL ADDRESS		er the laws of the State of California that the	
Dof my principal residence under Revenue and Taxation Code section 69.5.         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME         DATE         SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE       PRINTED NAME         MAILING ADDRESS       DAYTIME PHONE NUMBER         ()       CITY, STATE, ZIP			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE     PRINTED NAME     DATE       MAILING ADDRESS     DAYTIME PHONE NUMBER       CITY, STATE, ZIP     EMAIL ADDRESS			
MAILING ADDRESS DAYTIME PHONE NUMBER () CITY, STATE, ZIP EMAIL ADDRESS	SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS DAYTIME PHONE NUMBER () CITY, STATE, ZIP EMAIL ADDRESS	SIGNATURE OF TRANSFEROR OR I FGAL REPRESENTATIVE	PRINTED NAME	DATE
CITY, STATE, ZIP EMAIL ADDRESS			
		1	DAYTIME PHONE NUMBER
	MAILING ADDRESS		( )
(Place complete opplicable information or reverse side )			
(Please complete applicable information on reverse side.) THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION	MAILING ADDRESS CITY, STATE, ZIP		

### C. TRANSFEREE(S)/BUYER(S) (additional transferees please complete Section E below) 1. Print full name(s) of transferee(s) \_ 2. Family relationship(s) to transferor(s) \_\_\_\_ If adopted, age at time of adoption \_ If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered means registered with the California Secretary of State) with stepparent on the date of purchase or transfer? □ Death □ Divorce/Termination of partnership If **no**, was the marriage or registered domestic partnership terminated by: If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? 🗌 Yes 🗌 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 date of purchase or transfer? $\Box$ Yes $\Box$ No If **no**, was the marriage or registered domestic partnership terminated by: 🗌 Death 🗌 Divorce/Termination of partnership If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? Yes 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.)

#### CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferee's legal representative) of the transferors listed in Section B; and that all of the transferees are eligible transferees within the meaning of section 63.1 of the Revenue and Taxation Code.

SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		DAYTIME PHONE NUMBER
CITY, STATE, ZIP		EMAIL ADDRESS

Note: The Assessor may contact you for additional information.

#### D. ADDITIONAL TRANSFEROR(S)/SELLER(S)

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

### E. ADDITIONAL TRANSFEREE(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 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 onetime 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.

