EF-19-G-R02-0522-34000862-1 BOE-19-G (P1) REV. 02 (05-22)

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

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



## CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

| L                                                                                                                                                                                                                                                                                                                      |                                                                                               | ل                                                                          |                                                |                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------|------------------------------|--|
| A. PROPERTY                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                            |                                                |                              |  |
| ASSESSOR'S PARCEL/ID NUMBER                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                            |                                                |                              |  |
| PROPERTY ADDRESS                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                            | CITY                                           |                              |  |
| DATE OF PURCHASE OR TRANSFER                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                            | RECORDER'S DOCUMENT NUMBER                     |                              |  |
| DATE OF DEATH (if applicable)  PROBATE NUMBER (if applicable)                                                                                                                                                                                                                                                          |                                                                                               | licable)                                                                   | DATE OF DECREE OF DISTRIBUTION (if applicable) |                              |  |
| B. TRANSFEROR(S)/SELLER(S) (additional tra                                                                                                                                                                                                                                                                             | <br>ansferors, please comple                                                                  | ete Section E on Page                                                      | 3)                                             |                              |  |
| Print full name(s) of transferor(s)                                                                                                                                                                                                                                                                                    | Name                                                                                          |                                                                            | Name                                           |                              |  |
| Family relationship(s) to transferee(s)                                                                                                                                                                                                                                                                                | Relationship                                                                                  |                                                                            | Relationship                                   |                              |  |
| If yes, please check which one of the fo  Homeowners' Exemption Disa Is this property a multi-unit property?  Was only a partial interest in the property Was this property owned in joint tenancy Frint name(s) of child(ren) of grandparer  IMPORTANT: If the transfer was through tand/or trust and all amendments. | abled Veterans' Exempti  Yes No If yes, v transferred? Yes No Tes No ts who is(are) the paren | on which unit was the trans □ No <b>If yes</b> , perce t(s) of grandchild: | sferor's principal re<br>ntage transferred _   | sidence?%.                   |  |
|                                                                                                                                                                                                                                                                                                                        | CERTIFIC                                                                                      | CATION                                                                     |                                                |                              |  |
| I certify (or declare) under penalty of perjury unany accompanying statements or documents, is transferor's legal representative) of the transfere the base year value of my principal residence un                                                                                                                    | s true and correct to the<br>ees listed in Section D. I                                       | best of my knowledge<br>knowingly am granting                              | and that I am the                              | grandparent or grandchild (o |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE                                                                                                                                                                                                                                                                        |                                                                                               | PRINTED NAME                                                               |                                                | DATE                         |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENT                                                                                                                                                                                                                                                                             | TATIVE                                                                                        | PRINTED NAME                                                               |                                                | DATE                         |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                            |                                                | DAYTIME PHONE NUMBER         |  |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                            |                                                | EMAIL ADDRESS                |  |

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



| C. GRANDPARENTS/GRANDCHILD RELA                                                                                                                                                                                                                                                                                                                                                                                      | ATIONSHIP INFORMA                                                                                                                               | TION                                                                                              |                                         |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| If grandchild was adopted, age at time o                                                                                                                                                                                                                                                                                                                                                                             | f adoption?                                                                                                                                     | Adopted by whom                                                                                   | ı?                                      |                                                                           |
| 2. Parent: Name of direct descendant of gr                                                                                                                                                                                                                                                                                                                                                                           | randparent who is the p                                                                                                                         | parent of the grandchi                                                                            | ld:                                     |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |                                                                                                   |                                         | ease provide copy of death certificat                                     |
| a. Was the deceased parent married or ir <i>State</i> ) as of the date of death?                                                                                                                                                                                                                                                                                                                                     | a registered domestic<br>Yes 🔲 No                                                                                                               | partnership ("register                                                                            | red" means reg                          | gistered with the California Secretary o                                  |
| b. Is the spouse or registered domestic pa                                                                                                                                                                                                                                                                                                                                                                           | artner of the deceased                                                                                                                          | parent a: (check one)                                                                             | :                                       |                                                                           |
| ☐ Parent of the grandchild ☐                                                                                                                                                                                                                                                                                                                                                                                         | Stepparent of the gran                                                                                                                          | ndchild <i>(a stepparent i</i>                                                                    | need not be de                          | eceased)                                                                  |
| c. Had the surviving spouse/partner remai                                                                                                                                                                                                                                                                                                                                                                            | ried or entered into a re                                                                                                                       | egistered domestic par                                                                            | tnership?                               | ] Yes □ No                                                                |
| If yes, date of marriage or registration qualify for exclusion. Date of marriage,                                                                                                                                                                                                                                                                                                                                    | of the domestic partne<br>domestic partnership r                                                                                                | rship must have occu<br>egistration:                                                              | rred prior to th<br>— ( <b>Please p</b> | ne date of purchase or transfer to provide copy of license and registrati |
| If no, surviving spouse/partner is still of transfer to qualify for exclusion. Date of                                                                                                                                                                                                                                                                                                                               | considered a child of gr                                                                                                                        | andparents and must                                                                               | also be decea                           | ased prior to the purchase or                                             |
| D. TRANSFEREE(S)/BUYER(S) (additional                                                                                                                                                                                                                                                                                                                                                                                | transferees, please co                                                                                                                          | omplete Section F on                                                                              | Page 3)                                 |                                                                           |
| Print full name(s) of transferee(s)                                                                                                                                                                                                                                                                                                                                                                                  | Name                                                                                                                                            |                                                                                                   | Name                                    |                                                                           |
| Family relationship(s) to transferor(s)                                                                                                                                                                                                                                                                                                                                                                              | Relationship                                                                                                                                    |                                                                                                   | Relationship                            |                                                                           |
| <ul> <li>a. Is this property a multi-unit property?</li> <li>b. Has the transferee applied for a Home If yes, complete sections c, d, e, and If no, to be eligible for the exclusion, t date. Contact the Assessor's Office fo c. Name of transferee who filed exempt d. Type of Exemption:  Homeown e. Date the transferee occupied this property.</li> <li>f. Does the transferee own another property.</li> </ul> | eowners' or Disabled V f. he transferee must file r information. ion claim: ers' Exemption  certy as a principal resi perty that is or was thei | eterans' Exemption?  and be eligible for on  Disabled Veterans' Exdence:  r principal residence i | Yes h                                   | No ptions within one year of the transfer (month/day/year)                |
| If yes, please provide the address be                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | date.                                                                                             |                                         | ASSESSOR'S PARCEL/ID NUMBER                                               |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                              | COUNTY                                                                                                                                          |                                                                                                   |                                         | ASSESSOR'S PARCELID NUMBER                                                |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 | MOV                                                                                               |                                         | MOVE-OUT DATE (month/date/year)                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                      | CER                                                                                                                                             | TIFICATION                                                                                        |                                         |                                                                           |
| I certify (or declare) under penalty of perjury<br>any accompanying statements or documents<br>transferee's legal representative) of the transf                                                                                                                                                                                                                                                                      | , is true and correct to                                                                                                                        | the best of my know                                                                               |                                         |                                                                           |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 | PRINTED NAME                                                                                      |                                         | DATE                                                                      |
| 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.



| E. ADDITIONAL TRANSFEROR(S)/SELLER(S) |                            |  |  |  |
|---------------------------------------|----------------------------|--|--|--|
| PRINT NAME                            | RELATIONSHIP TO TRANSFEREE |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
| F. ADDITIONAL TRANSFEREE(S)/BUYER(S)  |                            |  |  |  |
| PRINT NAME                            | RELATIONSHIP TO TRANSFEROR |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
|                                       |                            |  |  |  |
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## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

## **Revenue and Taxation Code Section 63.2**

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 63.2, provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home or family farm between grandparents and their grandchildren.

To qualify for this exclusion, all parents of the grandchild, who qualify as children of the grandparents, must be deceased as of the date of the grandparent-grandchild transfer. A stepparent does not need to be deceased.

For purposes of this exclusion, a grandchild is a child of the child of the grandparent. A "child" means any of the following:

- A child born of the parent, except a child who has been adopted by another person.
- A stepchild, while the relationship of stepparent and stepchild exists.
- An in-law child, while the in-law relationship exists.
- A child adopted by the parent pursuant to statute, other than an individual adopted after reaching 18 years of age.
- A foster child of a state-licensed foster parent.

A family home must have been the principal residence of the transferor and must continue or become the principal residence of the transferee. For a family home, the transferee must file for the homeowners' or disabled veterans' exemption within one year of the date of transfer. For real property that is sold or gifted, the date of recording of the deed is presumed to be the date of transfer or change in ownership. For real property that is inherited via trust, will, or intestate succession, date of death is the date of change in ownership.

A family farm is any real property that is under cultivation or being used for pasture or grazing, or that is used to produce any agricultural commodity. "Agricultural commodity" means any and all plant and animal products produced in this state for commercial purposes, including, but not limited to, plant products used for producing biofuels, and cultivated industrial hemp (Government Code section 51201).

If the assessed value of the family home or each legal parcel of a family farm on the date of transfer *exceeds* the sum of the factored base year value plus \$1 million, the amount in excess of this sum will be added to the factored base year value.

This claim form is for transfers occurring on or after February 16, 2021. This claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor. A claim form is timely 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 issued as a result of the purchase or transfer for which this claim is filed. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which the claim is filed.

For transfers occurring on or before February 15, 2021, please file claim form BOE-58-G, Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild.

**NOTE:** A county board of supervisors may 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 grandparent-grandchild change in ownership exclusion after two written requests have been sent to an eligible transferee by the County Assessor.

