EF-58-AH-R18-0617-38005936-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Joaquín Torres **Assessor-Recorder** 1 Dr. Carlton B. Goodlett Place

City Hall - Room 190 San Francisco, CA 94102-4698

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

I							
A. PROPERTY							
ASSESSOR'S PARCEL NUMBER							
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 author	orizes the use of social security numbers for social security number may provide a tax ide and the state to monitor the exclusion limit.	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue					
Print full name(s) of transferor(s)							
2. Social security number(s)	Social security number(s)						
3. Family relationship(s) to transferee(s) _	3. Family relationship(s) to transferee(s)						
If adopted, age at time of adoption							
4. Was this property the transferor's principal	4. Was this property the transferor's principal residence? ☐ Yes ☐ No						
If yes, please check which of the followi	If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:						
☐ Homeowners' Exemption ☐ Disable	ed Veterans' Exemption						
5. Have there been other dæ) • ♣\s that qu	alified for this exclusion? Á Yes No						
		his list should include for each property: the County, uyers, and family relationship. Transferor's principal					
6. Was only a partial interest in the propert	6. Was only a partial interest in the property transferred? Yes No If yes , percentage transferred %						
7. Was this property owned in joint tenanc	/? ☐ Yes ☐ No						
 If the transfer was through the medium amendments. 	of a will and/or trust, you must attach a full ar	nd complete copy of the will and/or trust and all					
	CERTIFICATION						
accompanying statements or documents, is true	e and correct to the best of my knowledge ar ion C. I knowingly am granting this exclusio	foregoing and all information hereon, including any and that I am the parent or child (or transferor's legal in and will not file a claim to transfer the base year					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
	- DRIVER MANS						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	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. T	RANSFEREE(S)/BUYER(S) (additional tra	ansferees please compl	ete "C" below)				
1.	Print full name(s) of trans	feree(s)						
2.	Family relationship(s) to transferor(s)							
	If adopted, age at time of adoption							
	If stepparent/stepchild re registered with the Californ	estic partnership (registered means $\mathbb{P} \ \square$ Yes $\ \square$ No						
	If no , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ Divorce/Termination of partnership							
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \square Yes \square No							
	If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? \Box Yes \Box No							
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership							
If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partner the date of purchase or transfer? \Box Yes \Box No								
3.	ALLOCATION OF EXCLU transferee must specify or					ne million dollar value exclusion, the at is being sought.)		
			CERTIFIC	CATION				
accom repres the Re	panying statements or doc entative) of the transferors evenue and Taxation Code.	uments, is true listed in Section	and correct to the best n B; and that all of the tr	of my knowledge and	d that I am the p	all information hereon, including any parent or child (or transferee's lega vithin the meaning of section 63.1 o		
SIGNATU	URE OF TRANSFEREE OR LEGAL	REPRESENTATIVE	PRINTED NAME		DATE			
MAILING	ADDRESS				DAYTIME PHONE N	IUMBER		
CITY, ST	ATE, ZIP							
Note:	The Assessor may contact	you for addition:	al information					
110101	The recessor may contact	-	ITIONAL TRANSFERO	PR(S)/SELLER(S) (c	ontinued)			
NAME		SOCIAL	SECURITY NUMBER	SIGNATURE		RELATIONSHIP		
		C. ADE	DITIONAL TRANSFERE	EE(S)/BUYER(S) (cd	ntinued)			
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;
- 2. In order to qualify, the real property must be transferred from parents to their children or children to their parents;
- 3. If you do not complete and return this form, it may result in this property being reassessed.
- 4. California law provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:
 - The principal residence between parents and children, and/or
 - The first \$1,000,000 of the factored base year value of other real property between parents and children.

NOTE: Effective January 1, 2009, Revenue and Taxation Code Section 63.1(j) allows a county board of supervisors to authorize a one-time processing fee of not more than \$175 to recover costs incurred by the county assessor due to the failure of an eligible transferee to file a claim for the parent-child change in ownership exclusion after two written requests have been sent to an eligible transferee by the county assessor.

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