EF-58-AH-R18-0617-40000701-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



EN DETWEEN PARENT AND OTHER

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

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

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|--|---|--|--|--|--|--|--|
| A. PROPERTY | | | | | | | |
| ASSESSOR'S PARCEL NUMBER | | | | | | | |
| | | | | | | | |
| PROPERTY ADDRESS | CITY | | | | | | |
| RECORDER'S DOCUMENT NUMBER | DATE OF PURCHASE OR TRANSFER | | | | | | |
| RECORDER 5 DOCUMENT NUMBER | DATE OF PORCHASE 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 | prizes the use of social security numbers for cial security number may provide a tax iden 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) | | , | | | | | |
| Social security number(s) | 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? Yes No | | | | | | |
| | 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 qua | | | | | | | |
| | | nis list should include for each property: the County, yers, 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 tenancy | ? ☐ Yes ☐ No | | | | | | |
| If the transfer was through the medium of amendments. | of a will and/or trust, you must attach a full an | d complete copy of the will and/or trust and all | | | | | |
| | CERTIFICATION | | | | | | |
| accompanying statements or documents, is true representative) of the transferees listed in Secti value of my principal residence under Revenue a | and correct to the best of my knowledge an on C. I knowingly am granting this exclusion nd Taxation Code section 69.5. | foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year | | | | | |
| 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 | | | | | | | |
| UIII, SIMIE, 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 comple | ete "C" below) | | | | | |
|-----------------|---|---|---------------------------|---------------------|-------------------|---|--|--|--|
| 1. | Print full name(s) of transfe | eree(s) | | | | | | | |
| 2. | Family relationship(s) to transferor(s) | | | | | | | | |
| | If adopted, age at time of a | | | | | | | | |
| | If stepparent/stepchild relative registered with the Californ | tic partnership <i>(registered means</i> ☐ Yes ☐ No | | | | | | | |
| | If no , was the marriage or | mination of partnership | | | | | | | |
| | If terminated by death, had or transfer? ☐ Yes ☐ I | tnership as of the date of purchase | | | | | | | |
| | If in-law relationship is inv daughter or son on the dat | ered domestic partnership with the | | | | | | | |
| | If no , was the marriage or | , 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 partnership the date of purchase or transfer? \Box Yes \Box 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.) | | | | | | | | |
| | | | CERTIFIC | CATION | | | | | |
| accom repres | panying statements or docu | ments, is true | and correct to the best (| of my knowledge and | d that I am the p | l information hereon, including any arent or child (or transferee's lega thin the meaning of section 63.1 o | | | |
| SIGNAT | URE OF TRANSFEREE OR LEGAL R | EPRESENTATIVE | PRINTED NAME | | DATE | | | | |
| MAILING | GADDRESS | | | | DAYTIME PHONE NU | MBER | | | |
| CITY, ST | TATE, ZIP | | | | | | | | |
| Note: | The Assessor may contact y | ou for additiona | al information. | | | | | | |
| | | | | | | | | | |
| NAME | | SOCIAL | SECURITY NUMBER | SIGNATURE | | RELATIONSHIP | | | |
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| | | | | | | | | | |
| | | C. ADE | DITIONAL TRANSFERE | E(S)/BUYER(S) (co | ontinued) | | | | |
| NAME | | | | | | RELATIONSHIP | | | |
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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.