CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)					
A. PROPERTY ASSESSOR'S PARCEL/ID NUMBER					
ASSESSOR 5 FARCEL/ID NUMBER					
PROPERTY ADDRESS		CITY			
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER			
	NATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)			
PROBATE NUMBER (if applicable)	DATE OF DEATH <i>(if applicable)</i>	DATE OF DECREE OF DISTRIBUTION (II applicable)			
States Code, section 405(c)(2)(C)(i) which author	rizes the use of social security numbers for cial security number may provide a tax ide	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue			
B. TRANSFEROR(S)/SELLER(S) (additional tra	ansferors 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 transferee(s)					
If adopted, age at time of adoption					
4. Was this property the transferor's principal r	residence? 🗌 Yes 🗌 No				
If yes, please check which of the following e	exemptions was granted or was eligible to b	e granted on this property:			
\Box Homeowners' Exemption \Box Disabled V	/eterans' Exemption				
5. Have there been other transfers that qualifier	ed for this exclusion? \Box Yes \Box No				
	If yes, please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the County, Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's principa residence must be identified.)				
6. Was only a partial interest in the property tra	ansferred? \Box Yes \Box No $$ If yes , percer	tage transferred %			
7. Was this property owned in joint tenancy?					
IMPORTANT: If the transfer was through the n or trust and all amendments.		ttach a full and complete copy of the will and/			
L certify (or declare) under penalty of periury under	CERTIFICATION	foregoing and all information hereon, including any			
accompanying statements or documents, is true	and correct to the best of my knowledge an C. I knowingly am granting this exclusion ar	DATE			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE			
MAILING ADDRESS	1	DAYTIME PHONE NUMBER			
		()			
CITY, STATE, ZIP		EMAIL ADDRESS			
(Please	e complete applicable information on reve	rse side.)			
THIS DOC	UMENT IS NOT SUBJECT TO PUBLIC I	NSPECTION			

C.	ANSFEREE(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 (re registered with the California Secretary of State) with stepparent 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 stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \Box Yes \Box 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? \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

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



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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.

