EF-58-AH-R16-0514-54000838-1 BOE-58-AH (P1) REV. 16 (05-14)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Tara K. Freitas County Assessor/Clerk-Recorder

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

| 1 | 1 | | | | | | |
|---|--|---|--|--|--|--|--|
| 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 aut | thorizes the use of social security numbers for social security number may provide a tax id or and the state to monitor the exclusion limit. | I Taxation Code section 63.1. [See Title 42 United or identification purposes in the administration of any entification number issued by the Internal Revenue se) | | | | | |
| Print full name(s) of transferor(s) | | , | | | | | |
| Social security number(s) | | | | | | | |
| 3. Family relationship(s) to transferee(s) | | | | | | | |
| If adopted, age at time of adoption | | - | | | | | |
| Was this property the transferor's prince | cipal 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 ☐ Disal | oled Veterans' Exemption | | | | | | |
| 5. Have there been other dæ) • △\s that q | 5. Have there been other dæ) • △\s that qualified for this exclusion? Á ☐ 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 Co Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's prin residence must be identified.) | | | | | | | |
| 6. Was only a partial interest in the prope | 6. Was only a partial interest in the property transferred? Yes No If yes , percentage transferred % | | | | | | |
| 7. Was this property owned in joint tenan | cy? ☐ Yes ☐ No | | | | | | |
| 8. If the transfer was through the mediun | n of a trust, you must attach a copy of the trus | et. | | | | | |
| | CERTIFICATION | | | | | | |
| accompanying statements or documents, is tr representative) of the transferees listed in Se value of my principal residence under Revenue | ue and correct to the best of my knowledge a ction C. I knowingly am granting this exclusi a and Taxation Code section 69.5. | e foregoing and all information hereon, including any and that I am the parent or child (or transferor's legal on and will not file a claim to transfer the base year | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI | VE | DATE | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI | VE | DATE | | | | | |
| MAILING ADDRESS | DAYTIME PHONE NUMBER | | | | | | |
| CITY, STATE, ZIP | | () EMAIL ADDRESS | | | | | |
| OIT 1, OTTAL, ZII | | EM NE / IODINEOG | | | | | |

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

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| C. | TF | ANSFEREE(S)/BUYER(S) (a | dditional transferees please comple | te "C" below) | | | |
|--|------------------|--|---|----------------------|--|--|--|
| | 1. | Print full name(s) of transferee | e(s) | | | | |
| 2 | 2. | Family relationship(s) to transf | feror(s) | | | | |
| | | If adopted, age at time of adop | otion | | | | |
| | | 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? \Box Yes \Box No | | | | | |
| | | If no , was the marriage or regi | rmination of partnership | | | | |
| | | If terminated by death, had the or transfer? ☐ Yes ☐ No | rtnership as of the date of purchase | | | | |
| | | If in-law relationship is involved daughter or son on the date of | ered domestic partnership with the | | | | |
| | | rmination of partnership | | | | | |
| | | If terminated by death, had the the date of purchase or transfer | e surviving son-in-law or daughter-ir er? □ Yes □ No | n-law remarried or e | ntered into a reç | gistered domestic partnership as of | |
| ; | 3. | | N (If the full cash value of the real pattachment to this claim the amoun | | | | |
| | | | CERTIFIC | ATION | | | |
| acco repre the R | mp ese Rev | panying statements or document entative) of the transferors listed venue and Taxation Code. | erjury under the laws of the State onts, is true and correct to the best of in Section B; and that all of the tra | f my knowledge and | I that I am the perturn that I am the pertur | parent or child (or transferee's legal | |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE DATE | | | | | | | |
| | TU | RE OF TRANSFEREE OR LEGAL REPR | ESENTATIVE | | DATE | | |
| MAILIN | ١G | ADDRESS | | | DAYTIME PHONE N | UMBER | |
| CITY, STATE, ZIP | | | | () EMAIL ADDRESS | | | |
| Note | : 1 | The Assessor may contact you f | for additional information | | | | |
| | | ,, | B. ADDITIONAL TRANSFEROR | R(S)/SELLER(S) (C | ontinued) | | |
| NAME | | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | | RELATIONSHIP | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | C. ADDITIONAL TRANSFERE | E(S)/BUYER(S) (co | ntinued) | DEL ATIONOUID | |
| 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.