CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

(Make necessary corrections to the printed name and mailing address.)

NAME AND MAILING ADDRESS



	I	I					
	ı	ı					
	DDODERTY						
	PROPERTY SSOR'S PARCEL/ID NUMBER						
AGGL	330K3 FARCELID NOWBER						
PROF	PERTY ADDRESS		CITY				
RECO	DRDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER				
PROE	BATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)				
			and Taxation Code section 63.1. [See Title 42 United				
			for identification purposes in the administration of any				
	vice. The numbers are used by the Assessor		identification number issued by the Internal Revenue				
	TRANSFEROR(S)/SELLER(S) (additional tr						
	Print full name(s) of transferor(s)	<u></u>					
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 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 ☐ Disabled Veterans' Exemption
5.	. Have there been other transfers that qualif	ed for this exclusion? Yes No					
	If yes, please attach a list of all previous tra	ansfers 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 prince						
	residence must be identified.)						
	. Was only a partial interest in the property t	- · · ·	rcentage transferred %				
	Was this property owned in joint tenancy?						
		medium of a will and/or trust, you mus	st attach a full and complete copy of the will and/or				
trus	at and all amendments.	CERTIFICATION					
I ce	rtify (or declare) under penalty of periury und	CERTIFICATION er the laws of the State of California that	the foregoing and all information hereon, including any				
			e and that I am the parent or child (or transferor's lega				
			n and will not file a claim to transfer the base year value				
of m	ny principal residence under Revenue and Tax ATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	(ation Code section 69.5.	DATE				
			5.1.2				
SIGN	ATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE				
MAIL	ING ADDRESS		DAYTIME PHONE NUMBER				
			()				
CITY,	STATE, ZIP	EMAIL ADDRESS					

(Please complete applicable information on reverse side.)

	Print full name(s) of transfere	ee(s)					
2.	If adopted, age at time of adoption						
	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 o 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? Yes 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.) CERTIFICATION						
3.							
repres the Re		ents, is true and correct to the be ed in Section B; and that all of the RESENTATIVE PRINTED NAME					
SIGNAT	URE OF TRANSFEREE OR LEGAL REP	RESENTATIVE PRINTED NAME		DATE			
MAILING	GADDRESS	•		DAYTIME PHONE NUM	BER		
CITY, ST	TATE, ZIP						
Note:	The Assessor may contact you	ı for additional information.		1			
D. AD	DITIONAL TRANSFEROR(S)	/SELLER(S)					
D. AD	DDITIONAL TRANSFEROR(S) NAME	SOCIAL SECURITY NUMBER	R SIGNAT	URE	RELATIONSHIP		
D. AD			R SIGNAT	URE	RELATIONSHIP		
D. AD			R SIGNAT	URE	RELATIONSHIP		
D. AD			R SIGNAT	URE	RELATIONSHIP		
<u>D. AD</u>			R SIGNAT	URE	RELATIONSHIP		
		SOCIAL SECURITY NUMBER	R SIGNAT	URE	RELATIONSHIP		
	NAME	SOCIAL SECURITY NUMBER	R SIGNAT	URE	RELATIONSHIP		
	NAME	SOCIAL SECURITY NUMBER	R SIGNAT	URE			
	NAME	SOCIAL SECURITY NUMBER	R SIGNAT	URE			
	NAME	SOCIAL SECURITY NUMBER	R SIGNAT	ÜRE			
	NAME	SOCIAL SECURITY NUMBER	R SIGNAT	URE			

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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 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

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.