CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

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

NAME AND MAILING ADDRESS

		7 1
A. PROPERTY		\
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		CITY
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER
PROBATE NUMBER (if applicable)	ATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)
States Code, section 405(c)(2)(C)(i) which author	izes the use of social security numbers for ial 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	nsferors please complete Section D on the	reverse)
Print full name(s) of transferor(s)		
Social security number(s)	-6	
3. Family relationship(s) to transferee(s)		
If adopted, age at time of adoption	0.5	
4. Was this property the transferor's principal re	esidence? 🗆 Yes 🗆 No	
If yes , please check which of the following e		e granted on this property:
☐ Homeowners' Exemption ☐ Disabled V	•	
5. Have there been other transfers that qualifie	·	
If yes, please attach a list of all previous tran	nsfers that qualified for this exclusion. (This	list should include for each property: the County, ers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	nsferred? \square Yes \square No If yes , percen	tage transferred %
7. Was this property owned in joint tenancy?	☐ Yes ☐ No	
IMPORTANT: If the transfer was through the matrust and all amendments.	edium of a will and/or trust, you must at	tach a full and complete copy of the will and/or
	CERTIFICATION	
accompanying statements or materials, is true, co	rect, and complete to the best of my knowle listed in Section C. I knowingly am granting	foregoing and all information herein, including any edge and belief and that I am the parent or child (or this exclusion and will not file a claim to transfer the
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
WALLING ADDRESS		DAYTIME DUONE AUIMPED
MAILING ADDRESS		DAYTIME PHONE NUMBER
CITY, STATE, ZIP		() EMAIL ADDRESS

(Please complete applicable information on reverse side.)

C. TRANSFEREE(S)/BUYER(S) (a	dditional transferees please comple	te Section E below)		
Print full name(s) of transfere	ee(s)			
2. Family relationship(s) to trans	sferor(s)			
If adopted, age at time of ado	option			
	onship is involved, was parent still Secretary of State) with stepparent			
If no , was the marriage or re	gistered domestic partnership termi	nated by: \Box Dea	th 🗆 Divorce/Ter	mination of partnership
If terminated by death, had th or transfer? \Box Yes \Box	e surviving stepparent remarried or No	entered into a registe	ered domestic partn	ership as of the date of purchase
If in-law relationship is involved purchase or transfer? \Box	red, was the child-in-law still married Yes $\ \square$ No	d to or in a registered	d domestic partners	ship with the child on the date of
If no , was the marriage or re	gistered domestic partnership termi	nated by: $\ \square$ Deat	h Divorce/Terr	nination of partnership
If terminated by death, had th or transfer? \Box Yes \Box N	e surviving child-in-law remarried or No	entered into a registe	ered domestic partn	ership as of the date of purchase
	ION (If the full cash value of the rean attachment to this claim the amou			
	CERTIFI	CATION		
I certify (or declare) under penalty of accompanying statements or materia (or transferee's legal representative the meaning of section 63.1 of the Re	als, is true, correct, and complete to e) of the transferors listed in Sect evenue and Taxation Code.	the best of my kno	wledge and belief a of the transferees	and that I am the parent or child
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME DATE				
MAILING ADDRESS DAYTIME PHONE NUM				BER
CITY, STATE, ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		() EMAIL ADDRESS	
CITT, STATE, ZIF	2		LWAIL ADDICESS	
Note: The Assessor may contact you	for additional information.			
D. ADDITIONAL TRANSFEROR(S)	/SELLER(S)			
NAME	SOCIAL SECURITY NUMBER	SIGNAT	URE	RELATIONSHIP
O.x.				
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 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.