EF-58-AH-R19-0519-32000562-1 BOE-58-AH (P1) REV. 19 (05-19)

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



## Cynthia L. Froggatt Plumas County Assessor

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

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

L	_						
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 authorized tax.] A foreign national who cannot obtain a so Service. The numbers are used by the Assessor a	rizes the use of social secur cial security number may pro and the state to monitor the ex						
B. TRANSFEROR(S)/SELLER(S) (additional tr	ansferors please complete Se	ction D on the reverse)					
Print full name(s) of transferor(s)							
Social security number(s)		<del></del>					
3. Family relationship(s) to transferee(s)							
If adopted, age at time of adoption							
4. Was this property the transferor's princip	al residence? $\;\square\;$ Yes $\;\square\;$ N	0					
If <b>yes</b> , please check which of the following	g exemptions was granted o	was eligible to be granted on this property:					
☐ Homeowners' Exemption ☐ Disable	d Veterans' Exemption						
5. Have there been other transfers that qua	lified for this exclusion?	∕es □ No					
		exclusion. (This list should include for each property: the County, transferees/buyers, and family relationship. Transferor's principal					
6. Was only a partial interest in the property	6. Was only a partial interest in the property transferred?   Yes   No If <b>yes</b> , percentage transferred %						
7. Was this property owned in joint tenancy	? ☐ Yes ☐ No						
<b>IMPORTANT</b> : If the transfer was through the trust and all amendments.	medium of a will and/or trus	t, you must attach a full and complete copy of the will and/or					
	CERTIFICATION						
accompanying statements or documents, is true	and correct to the best of my a C. I knowingly am granting to	ifornia that the foregoing and all information hereon, including any knowledge and that I am the parent or child (or transferor's legal his exclusion and will not file a claim to transfer the base year value					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
<b>&gt;</b>		J. W. L.					
MAILING ADDRESS		DAYTIME PHONE NUMBER					
		( )					
CITY, STATE, ZIP	EMAIL ADDRESS						

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



	Print full name(s) of transfere	ee(s)						
2.	Family relationship(s) to transferor(s)							
	f <b>no</b> , was the marriage or registered domestic partnership terminated by: $\Box$ Death $\Box$ 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? $\square$ Yes $\square$ No  If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? $\square$ Yes $\square$ No							
	If <b>no</b> , was the marriage or registered domestic partnership terminated by: $\square$ Death $\square$ 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 as the date of purchase or transfer? $\square$ Yes $\square$ No							
3.	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	ATION				
representative) of the transferors listed in Section B; and that all of the transferees are eligible transferees within the Revenue and Taxation Code.  SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE   PRINTED NAME   DATE						Title meaning of Section 63.1 of		
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME								
MAILING ADDRESS  CITY, STATE, ZIP					DAYTIME PHONE NUMBER			
					EMAIL ADDRESS			
Note:	The Assessor may contact you	ı for additiona	al information.					
		D. ADD	ITIONAL TRANSFEROR	R(S)/SELLER(S)				
	NAME		ITIONAL TRANSFEROR	R(S)/SELLER(S) SIGNAT	URE	RELATIONSHIP		
	NAME				URE	RELATIONSHIP		
	NAME				URE	RELATIONSHIP		
	NAME				URE	RELATIONSHIP		
	NAME				URE	RELATIONSHIP		
	NAME	SOCIAL		SIGNAT	URE	RELATIONSHIP		
	NAME	SOCIAL	SECURITY NUMBER	SIGNAT	URE	RELATIONSHIP		
	NAME	SOCIAL	SECURITY NUMBER	SIGNAT	URE			
	NAME	SOCIAL	SECURITY NUMBER	SIGNAT	URE			
	NAME	SOCIAL	SECURITY NUMBER	SIGNAT	URE			
	NAME	SOCIAL	SECURITY NUMBER	SIGNAT	URE			



## 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 informtion. **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.

EF-58-AH-R19-0519-3200056