EF-58-AH-R19-0519-34005192-1 BOE-58-AH (P1) REV. 19 (05-19)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

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

	1							
A. PROPERTY	<u></u>							
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	orizes the use of social security ocial security number may provi and the state to monitor the exclu							
Print full name(s) of transferor(s)	ansierors piease complete sect	ion D on the reverse)						
Social security number(s) 2. Social security number(s)								
3. Family relationship(s) to transferee(s)								
, , ,	4. Was this property the transferor's principal residence?							
		ras eligible to be granted on this property:						
		as engible to be granted on this property.						
·	 ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption 5. Have there been other transfers that qualified for this exclusion? ☐ Yes ☐ No 							
If yes , please attach a list of all previous	transfers that qualified for this e	exclusion. (This list should include for each property: the County, ansferees/buyers, and family relationship. Transferor's principal						
6. Was only a partial interest in the propert	6. Was only a partial interest in the property transferred? Yes No If yes , percentage transferred %							
7. Was this property owned in joint tenancy	/? ☐ Yes ☐ No							
<u>IMPORTANT</u> : If the transfer was through the trust and all amendments.	medium of a will and/or trust,	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 k n C. I knowingly am granting this xation Code section 69.5.	ornia that the foregoing and all information hereon, including any nowledge and that I am the parent or child (or transferor's legal exclusion and will not file a claim to transfer the base year value						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
MAILING ADDRESS	DAYTIME PHONE NUMBER							
CITY, STATE, ZIP	() EMAIL ADDRESS							
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(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



C. TI	RANSFEREE(S)/BUYER(S	S) (additional tra	ansferees please compl	ete Section E below)					
1.	Print full name(s) of transf	feree(s)							
2.	Family relationship(s) to transferor(s)								
	If adopted, age at time of								
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered with the California Secretary of State) with stepparent on the date of purchase or transfer? Yes 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 purior 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 partners daughter or son on the date of purchase or transfer? \Box Yes \Box No								
If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnersh									
	If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnershi 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 transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)								
			CERTIFIC	CATION					
accom represo the Re	panying statements or doc entative) of the transferors venue and Taxation Code.	uments, is true listed in Sectior	and correct to the best n B; and that all of the tr	of my knowledge an	d that I am the par e transferees withi	nformation hereon, including an ent or child (or transferee's lega n the meaning of section 63.1 c			
SIGNATU	JRE OF TRANSFEREE OR LEGAL I	REPRESENTATIVE	PRINTED NAME		DATE				
MAILING	ADDRESS				DAYTIME PHONE NUME	BER			
CITY, ST.	ATE, ZIP				() EMAIL ADDRESS				
Note:	The Assessor may contact	you for addition	al information.						
		D. ADD	ITIONAL TRANSFERO	R(S)/SELLER(S)					
NAME		SOCIAL	SECURITY NUMBER	SIGNATURE		RELATIONSHIP			
		E. ADI	DITIONAL TRANSFERE	EE(S)/BUYER(S)					
NAME						RELATIONSHIP			



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.

