EF-58-AH-R16-0514-08000750-1 BOE-58-AH (P1) REV. 16 (05-14)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Jennifer Perry, Assessor **County of Del Norte**

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

NAME AND MAILING ADDRESS

| I | ı | | | | | | |
|---|---|---|--|--|--|--|--|
| A. PROPERTY | | | | | | | |
| ASSESSOR'S PARCEL NUMBER | | | | | | | |
| | | | | | | | |
| PROPERTY ADDRESS | CITY | | | | | | |
| | | | | | | | |
| RECORDER'S DOCUMENT NUMBER | DATE OF PURCHASE OR TRANSFER | | | | | | |
| DDODATE NUMBER (I II. II.) | PATE OF PEOPLE OF PIOTPIPITION (F. 1/1) | | | | | | |
| 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 a tax.] A foreign national who cannot obtain Service. The numbers are used by the Asses | uthorizes the use of social security numbers a social security number may provide a tax i sor and the state to monitor the exclusion limit. | | | | | | |
| B. TRANSFEROR(S)/SELLER(S) (addition | al transferors please complete "B" on the reve | erse) | | | | | |
| Print full name(s) of transferor(s) | | | | | | | |
| 2. Social security number(s) | 2. Social security number(s) | | | | | | |
| 3. Family relationship(s) to transferee(s |) | | | | | | |
| If adopted, age at time of adoption | | | | | | | |
| Was this property the transferor's pr | ncipal residence? | | | | | | |
| If yes , please check which of the following | If yes , please check which of the following exemptions was granted or was eligible to be granted on this property: | | | | | | |
| ☐ Homeowners' Exemption ☐ Dis | abled Veterans' Exemption | | | | | | |
| 5. Have there been other dæ) • △ Is that | 5. Have there been other dæ) • △ls that qualified for this exclusion? Á □ Yes □ No | | | | | | |
| | | (This list should include for each property: the County, /buyers, and family relationship. Transferor's principal | | | | | |
| 6. Was only a partial interest in the pro | 6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred % | | | | | | |
| 7. Was this property owned in joint ten | 7. Was this property owned in joint tenancy? Yes No | | | | | | |
| 8. If the transfer was through the media | m of a trust, you must attach a copy of the tru | ust. | | | | | |
| Ü | CERTIFICATION | | | | | | |
| accompanying statements or documents, is representative) of the transferees listed in S value of my principal residence under Reven | true and correct to the best of my knowledge ection C. I knowingly am granting this exclusive are and Taxation Code section 69.5. | the foregoing and all information hereon, including any and that I am the parent or child (or transferor's legal sion and will not file a claim to transfer the base year | | | | | |
| SIGNATURE ÓF TRANSFEROR OR LEGAL REPRESENTA | DATE | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTA | TIVE | DATE | | | | | |
| > | | | | | | | |
| MAILING ADDRESS | DAYTIME PHONE NUMBER | | | | | | |
| | | () | | | | | |
| CITY, STATE, ZIP | | EMAIL ADDRESS | | | | | |
| | | I . | | | | | |

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



| C. T | RANSFEREE(S)/BUYER(S) | (additional transferees please compl | ete "C" below) | | | | | |
|---|--|--|-----------------------|----------------------|-------------------------------------|--|--|--|
| 1. | Print full name(s) of transfere | ee(s) | | | | | | |
| 2. | Family relationship(s) to tran | nsferor(s) | | | | | | |
| | If adopted, age at time of ad | option | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered registered with the California Secretary of State) with stepparent on the date of purchase or transfer? \square Yes \square No | | | | | | | |
| If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of part | | | | | | | | |
| | If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchas 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? \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 date of purchase or trans | the surviving son-in-law or daughter- sfer? □ Yes □ No | in-law remarried or e | ntered into a regis | tered domestic partnership as of | | | |
| 3. | | ON (If the full cash value of the real in attachment to this claim the amoun | | | | | | |
| | | CERTIFIC | CATION | | | | | |
| accom repres the Re | panying statements or docum entative) of the transferors list venue and Taxation Code. | f perjury under the laws of the State of the state of the true and correct to the best ted in Section B; and that all of the true. | of my knowledge and | d that I am the par | ent or child (or transferee's legal | | | |
| SIGNATI | JRE OF TRANSFEREE OR LEGAL REF | PRESENTATIVE | | DATE | | | | |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE DATE | | | | DATE | | | | |
| MAILING | ADDRESS | | | DAYTIME PHONE NUMI | BER | | | |
| CITY, STATE, ZIP () EMAIL ADDRESS | | | | () EMAIL ADDRESS | | | | |
| Note: | The Assessor may contact you | u for additional information. | | | | | | |
| | • | B. ADDITIONAL TRANSFERO | R(S)/SELLER(S) (C | ontinued) | | | | |
| NAME | | SOCIAL SECURITY NUMBER | SIGNATURE | | RELATIONSHIP | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | C. ADDITIONAL TRANSFERE | EE(S)/BUYER(S) (cd | ontinued) | | | | |
| 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.

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