EF-58-AH-R18-0617-23000595-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

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

NAME AND MAILING ADDRESS



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 463-4315 Fax: (707) 463-6597

| A DI | ROPERTY | | | | | | |
|--|---|---|--|--|--|--|--|
| | OR'S PARCEL NUMBER | | | | | | |
| | | | | | | | |
| PROPER | RTYADDRESS | CITY | | | | | |
| | | | | | | | |
| RECOR | DER'S DOCUMENT NUMBER | | DATE OF PURCHASE OR TRANSFER | | | | |
| | | I | | | | | |
| PROBAT | E NUMBER (if applicable) | DATE OF DEATH (if applicable) | DATE OF DECREE OF DISTRIBUTION (if applicable) | | | | |
| | | | | | | | |
| | | | nue and Taxation Code section 63.1. [See Title 42 United the nbers for identification purposes in the administration of any | | | | |
| tax.] A | \ foreign national who cannot obtain a : | social security number may provide | a tax identification number issued by the Internal Revenue | | | | |
| | e. The numbers are used by the Assesso | | | | | | |
| B. TI | RANSFEROR(S)/SELLER(S) (additional | transferors please complete "B" on the | ne reverse) | | | | |
| 1 | . Print full name(s) of transferor(s) | | | | | | |
| 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 ☐ N | | | | | | | |
| If yes, please check which of the following exemptions was granted or was eligible to be granted on this property: | | | | | | | |
| | ☐ Homeowners' Exemption ☐ Disab | | | | | | |
| 5 | . Have there been other dæ) • △\s that q | A∖s that qualified for this exclusion? Á ☐ Yes ☐ No | | | | | |
| | If yes , please attach a list of all previous transfers 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 principa residence must be identified.) | | | | | | |

(Please complete applicable information on reverse side.)

6. Was only a partial interest in the property transferred? \square Yes \square No If **yes**, percentage transferred

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

8. If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all

CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's legal representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year

DATE

DATE

DAYTIME PHONE NUMBER

EMAIL ADDRESS



SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | PRINTED NAME

SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE PRINTED NAME

7. Was this property owned in joint tenancy? ☐ Yes ☐ No

value of my principal residence under Revenue and Taxation Code section 69.5.

amendments.

MAILING ADDRESS

CITY, STATE, ZIP

| C. TI | RANSFEREE(S)/BUYER(S | S) (additional tra | ansferees please compl | ete "C" below) | | | | | |
|---------------------------|--|--------------------------------------|--|---------------------|---|--|--|--|--|
| 1. | Print full name(s) of transf | feree(s) | | | | | | | |
| 2. | Family relationship(s) to transferor(s) | | | | | | | | |
| | If adopted, age at time of adoption | | | | | | | | |
| | | | | | | | | | |
| | If no , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ 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? \Box Yes \Box No | | | | | | | | |
| | If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box 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 of 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.) | | | | | | | | |
| | | | CERTIFI | CATION | | | | | |
| accom repres the Re | panying statements or doc entative) of the transferors evenue and Taxation Code. | uments, is true listed in Section | and correct to the best n B; and that all of the ti | of my knowledge and | d that I am the par e transferees with | nformation hereon, including any ent or child (or transferee's lega in the meaning of section 63.1 o | | | |
| SIGNATION | JRE OF TRANSFEREE OR LEGAL I | REPRESENTATIVE | PRINTED NAME | | DATE | | | | |
| MAILING | ADDRESS | | | | DAYTIME PHONE NUM | BER | | | |
| CITY, ST | ATE, ZIP | | | | | | | | |
| Note: | The Assessor may contact | you for addition | al information. | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | ontinued) | | | | | | | |
| | NAME | SOCIAL SECURITY NUMBER | | SIGNATURE | | RELATIONSHIP | | | |
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| | | C. ADI | C. ADDITIONAL TRANSFEREE(S)/BUYER(S) (continued) | | | | | | |
| | | RELATIONSHIP | | | | | | | |
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EF-58-AH-R18-0617-23000595-3 BOE-58-AH (P3) REV. 18 (06-17)

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.