EF-58-AH-R17-0516-24001013-1 BOE-58-AH (P1) REV. 17 (05-16)

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



## **MERCED COUNTY** MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

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

|                              |  | 1   |  |  |  |  |  |  |
|------------------------------|--|---|--|--|--|--|--|--|
| A. PR                        | ROPERTY  |   |  |  |  |  |  |  |
| ASSESS                       | DR'S PARCEL NUMBER   |   |  |  |  |  |  |  |
| PROPER                       | TY ADDRESS   | CITY  |  |  |  |  |  |  |
|                              |  |   |  |  |  |  |  |  |
| RECORD                       | ER'S DOCUMENT NUMBER   | DATE OF PURCHASE OR TRANSFER  |  |  |  |  |  |  |
|                              |  |   |  |  |  |  |  |  |
| PROBATI                      | E NUMBER (if applicable)   | DATE OF DEATH (if applicable)   | DATE OF DECREE OF DISTRIBUTION (if applicable)   |  |  |  |  |  |
| States<br>tax.] A<br>Service | Code, section 405(c)(2)(C)(i) which auth foreign national who cannot obtain a se. The numbers are used by the Assessor   | orizes the use of social security numbers for   | Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue e)         |  |  |  |  |  |
| 1.                           | Print full name(s) of transferor(s)  |   | ·  |  |  |  |  |  |
| 2.                           | Social security number(s)  |   |  |  |  |  |  |  |
| 3.                           | Family relationship(s) to transferee(s)  | <u> </u>  | <del></del> <del></del>  |  |  |  |  |  |
|                              | If adopted, age at time of adoption  |   |  |  |  |  |  |  |
| 4.                           | Was this property the transferor's principal residence?   Yes   No   |   |  |  |  |  |  |  |
|                              | If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:   |   |  |  |  |  |  |  |
|                              | ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption   |   |  |  |  |  |  |  |
| 5.                           | Have there been other dæ) • △\s that qualified for this exclusion? Á ☐ Yes ☐ No  |   |  |  |  |  |  |  |
|                              | If <b>yes</b> , 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 principal residence must be identified.) |   |  |  |  |  |  |  |
| 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   |   |  |  |  |  |  |  |
| 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 amendments.   |   |  |  |  |  |  |  |
|                              |  | CERTIFICATION   |  |  |  |  |  |  |
| accom<br>represi<br>value d  | panying statements or documents, is tru<br>entative) of the transferees listed in Sec<br>of my principal residence under Revenue   | e and correct to the best of my knowledge a<br>tion C. I knowingly am granting this exclusio<br>and Taxation Code section 69.5. | foregoing and all information hereon, including any not that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year |  |  |  |  |  |
| SIGNATU                      | JRE OF TRANSFEROR OR LEGAL REPRESENTATIV   | DATE  |  |  |  |  |  |  |
| SIGNATU                      | JRE OF TRANSFEROR OR LEGAL REPRESENTATIV   | E PRINTED NAME  | DATE   |  |  |  |  |  |
| MAILING                      | ADDRESS  | DAYTIME PHONE NUMBER  ( )   |  |  |  |  |  |  |
| CITY, STA                    | ATE, ZIP   |   | EMAIL ADDRESS  |  |  |  |  |  |
|                              |  |   |  |  |  |  |  |  |

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



| C. T   | RANSFEREE(S)/BUYER(S)   | (additional tra                           | ansferees please compl      | ete "C" below)     |                      |  |  |  |  |
|--|---|---|-----------------------------|--------------------|----------------------|--|--|--|--|
| 1.   | Print full name(s) of transfere   | ee(s)                                     |                             |                    |                      |  |  |  |  |
| 2.   | Family relationship(s) to tran  |   |                             |                    |                      |  |  |  |  |
|  | If adopted, age at time of ad   |   |                             |                    |                      |  |  |  |  |
|  | If stepparent/stepchild relati registered with the California   | stic partnership <i>(registered means</i> |                             |                    |                      |  |  |  |  |
|  | If <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 pure or transfer?   Yes  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 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: $\Box$ 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 a the date of purchase or transfer? $\square$ Yes $\square$ No  |   |                             |                    |                      |  |  |  |  |
| 3.   | <ol> <li>ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the<br/>transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)</li> </ol> |   |                             |                    |                      |  |  |  |  |
|  |   |   | CERTIFIC                    | CATION             |                      |  |  |  |  |
| repres<br>the Re                             | entative) of the transferors list<br>evenue and Taxation Code.  | ted in Section                            | n B; and that all of the tr |                    | e transferees wit    | arent or child (or transferee's legal<br>thin the meaning of section 63.1 of |  |  |  |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESE     |   | PRESENTATIVE                              | PRINTED NAME                |                    | DATE                 |  |  |  |  |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTAT |   | PRESENTATIVE                              | PRINTED NAME                |                    | DATE                 |  |  |  |  |
| MAILING                                      | ADDRESS   |   | 1                           |                    | DAYTIME PHONE NU     | IMBER  |  |  |  |
| CITY, ST                                     | ATE, ZIP  |   |                             |                    | ( )<br>EMAIL ADDRESS |  |  |  |  |
| Note:  | The Assessor may contact you  | u for addition                            | al information.             |                    |                      |  |  |  |  |
|  | , ,   |   | OITIONAL TRANSFERO          | PR(S)/SELLER(S) (C | ontinued)            |  |  |  |  |
| NAME   |   | SOCIAL                                    | SECURITY NUMBER             | SIGNATURE          |                      | RELATIONSHIP   |  |  |  |
|  |   |   |                             |                    |                      |  |  |  |  |
|  |   |   |                             |                    |                      |  |  |  |  |
| -  |   |   |                             |                    |                      |  |  |  |  |
|  |   |   |                             |                    |                      |  |  |  |  |
|  |   |   |                             |                    |                      |  |  |  |  |
|  |   |   |                             |                    |                      |  |  |  |  |
|  |   | RELATIONSHIP                              |                             |                    |                      |  |  |  |  |
|  |   | 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 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.