EF-58-AH-R19-0519-26000721-1 BOE-58-AH (P1) REV. 19 (05-19)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Mono County Office of the Assessor Barry Beck, Assessor

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Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

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

ı	ı							
A. PROPERTY								
ASSESSOR'S PARCEL NUMBER								
PROPERTY ADDRESS	CITY							
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER						
RECORDER 3 DOCUMENT NUMBER		DATE OF FUNCTIAGE ON 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 securi ocial security number may pro	Revenue and Taxation Code section 63.1. [See Title 42 United ity numbers for identification purposes in the administration of any tovide a tax identification number issued by the Internal Revenue exclusion limit						
B. TRANSFEROR(S)/SELLER(S) (additional to								
Print full name(s) of transferor(s)	, ,	<u></u>						
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 principal	pal residence? Yes N	No						
		r was eligible to be granted on this property:						
☐ Homeowners' Exemption ☐ Disable	= -							
5. Have there been other transfers that qua	·	Yes □ No						
		is exclusion. (This list should include for each property: the County, e transferees/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							
$\underline{\text{IMPORTANT}}\!\!:$ If the transfer was through the trust and all amendments.	medium of a will and/or trus	st, 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 n C. I knowingly am granting tl	alifornia that the foregoing and all information hereon, including any y knowledge and that I am the parent or child (or transferor's legal this exclusion and will not file a claim to transfer the base year value						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
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)								
	If adopted, age at time of add	adopted, age at time of adoption							
	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? \Box Yes \Box No								
If no, was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partners									
	If terminated by death, had the or transfer? ☐ Yes ☐ No		tepparent remarried or e	ntered into a registe	red domestic partn	ership as of the date of purchase			
	If in-law relationship is involved aughter or son on the date of				to or in a registere	d domestic partnership with the			
	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 o the date of purchase or transfer? \square Yes \square No								
3.	ALLOCATION OF EXCLUS transferee must specify on an					nillion dollar value exclusion, the 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.

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