EF-58-AH-R20-0520-29000695-1 BOE-58-AH (P1) REV. 20 (05-20)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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

| ı | 1 | | | | | | |
|---|---|---|--|--|--|--|--|
| A. PROPERTY | | | | | | | |
| ASSESSOR'S PARCEL NUMBER | | | | | | | |
| PROPERTY ADDRESS | CITY | | | | | | |
| RECORDER'S DOCUMENT NUMBER | DATE OF PURCHASE OR TRANSFER | | | | | | |
| | | | | | | | |
| PROBATE NUMBER (if applicable) | ATE OF DEATH (if applicable) | DATE OF DECREE OF DISTRIBUTION (if applicable) | | | | | |
| States Code, section $405(c)(2)(C)(i)$ which author tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a | izes the use of social security n ial security number may provid nd the state to monitor the exclus | | | | | | |
| B. TRANSFEROR(S)/SELLER(S) (additional tra | nsferors please complete Section | n D on the reverse) | | | | | |
| Print full name(s) of transferor(s) | | | | | | | |
| 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 r | esidence? 🗌 Yes 🗌 No | | | | | | |
| If yes , please check which of the following e | exemptions was granted or was e | eligible to be granted on this property: | | | | | |
| \square Homeowners' Exemption \square Disabled V | eterans' Exemption | | | | | | |
| 5. Have there been other transfers that qualifie | ed for this exclusion? | □ No | | | | | |
| | | usion. (This list should include for each property: the County, As s/buyers, and family relationship. Transferor's principal residence | | | | | |
| 6. Was only a partial interest in the property tra | . Was only a partial interest in the property transferred? \Box Yes \Box No \Box If yes , percentage transferred % | | | | | | |
| 7. Was this property owned in joint tenancy? | ☐ Yes ☐ No | | | | | | |
| IMPORTANT: If the transfer was through the n trust and all amendments. | nedium of a will and/or trust, y | ou must attach a full and complete copy of the will and/or | | | | | |
| | CERTIFICATION | | | | | | |
| accompanying statements or documents, is true a | and correct to the best of my knoc. I knowingly am granting this e | nia that the foregoing and all information hereon, including any owledge 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 | | 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



| 1. | Print full name(s) of transferee | e(s) | | | | | | | | |
|--|--|--------------|--------------------------|----------------------------|----------------------|---------------------------------|--|--|--|--|
| 2. | Family relationship(s) to transferor(s) | | | | | | | | | |
| | If adopted, age at time of ado | | | | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered married 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 reg | istered don | nestic partnership termi | erminated by: | | | | | | |
| If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of pu or transfer? | | | | | | | | | | |
| | | | | | | | | | If no, was the marriage or registered domestic partnership terminated by: \qed Death \qed Divorce/Termination of partne | |
| | If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purch 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 transferred must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.) | | | | | | | | | |
| | | | CERTIFI | CATION | | | | | | |
| the Re | entative) of the transferors lister evenue and Taxation Code. JRE OF TRANSFEREE OR LEGAL REPR | | PRINTED NAME | ransferees are eligibl | DATE | n the meaning of section 63.1 o | | | | |
| | | | | | DAYTIME BUONE NUMBER | | | | | |
| MAILING | GADDRESS | | | | DAYTIME PHONE NUMI | SEK | | | | |
| CITY, ST | CITY, STATE, ZIP | | | | | EMAIL ADDRESS | | | | |
| Note: | The Assessor may contact you | for addition | al information. | | | | | | | |
| | | D | . ADDITIONAL TRANS | FEROR(S)/SELLER | R(S) | | | | | |
| NAME | | SOCIAL | SECURITY NUMBER | SIGNAT | URE | RELATIONSHIP | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | E | . ADDITIONAL TRANS | SFEREE(S)/BUYER | (S) | | | | | |
| 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.

EF-58-AH-R20-0520-29000698