EF-19-G-R02-0522-32000195-1 BOE-19-G (P1) REV. 02 (05-22)

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

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



## Cynthia L. Froggatt Plumas County Assessor

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CindieFroggatt@countyofplumas.com

| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                               |                                   |  |
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| A. PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                               |                                   |  |
| ASSESSOR'S PARCEL/ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                               |                                   |  |
| PROPERTY ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       | CITY                                          |                                   |  |
| DATE OF PURCHASE OR TRANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       | RECORDER'S DOCUMENT NUMBER                    |                                   |  |
| DATE OF DEATH (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PROBATE NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R (if applicable)                                                                                                                     | DATE OF DECREE                                | E OF DISTRIBUTION (if applicable) |  |
| B. TRANSFEROR(S)/SELLER(S) (additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | al transferors, please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | complete Section E on Pa                                                                                                              | ge 3)                                         |                                   |  |
| Print full name(s) of transferor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       | Name                                          |                                   |  |
| Family relationship(s) to transferee(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       | Relationship                                  |                                   |  |
| ☐ Pasture/Grazing ☐ Agricult  2. Was this property the transferor's print of the image of the i | acipal residence?  e following exemption Disabled Veterans' E Disabled V | ns was granted or was eliging xemption  f yes, which unit was the trace of the parent (s) of grandchild:  will and/or trust, you must | ansferor's principal<br>rcentage transferred  | residence?<br>d%.                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERTIFICATION                                                                                                                          |                                               |                                   |  |
| I certify (or declare) under penalty of perjury<br>any accompanying statements or documents<br>transferor's legal representative) of the trans<br>the base year value of my principal residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s, is true and correct<br>ferees listed in Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the best of my knowled<br>on D. I knowingly am grant                                                                               | lge and that I am th<br>ing this exclusion ar | e grandparent or grandchild (o    |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PRINTED NAME                                                                                                                          |                                               | DATE                              |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PRINTED NAME                                                                                                                          |                                               | DATE                              |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                              |                                               | DAYTIME PHONE NUMBER              |  |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                               | EMAIL ADDRESS                     |  |

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



| C. GRANDPARENTS/GRANDCHILD RELA                                                                                                                                                                                                                                                                                                                                                                                      | ATIONSHIP INFORMA                                                                                                                               | TION                                                                                              |                                         |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| If grandchild was adopted, age at time o                                                                                                                                                                                                                                                                                                                                                                             | f adoption?                                                                                                                                     | Adopted by whom                                                                                   | ı?                                      |                                                                           |
| 2. Parent: Name of direct descendant of gr                                                                                                                                                                                                                                                                                                                                                                           | randparent who is the p                                                                                                                         | parent of the grandchi                                                                            | ld:                                     |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |                                                                                                   |                                         | ease provide copy of death certificat                                     |
| a. Was the deceased parent married or ir <i>State</i> ) as of the date of death?                                                                                                                                                                                                                                                                                                                                     | a registered domestic<br>Yes 🔲 No                                                                                                               | partnership ("register                                                                            | red" means reg                          | gistered with the California Secretary o                                  |
| b. Is the spouse or registered domestic pa                                                                                                                                                                                                                                                                                                                                                                           | artner of the deceased                                                                                                                          | parent a: (check one)                                                                             | :                                       |                                                                           |
| ☐ Parent of the grandchild ☐                                                                                                                                                                                                                                                                                                                                                                                         | Stepparent of the gran                                                                                                                          | ndchild <i>(a stepparent i</i>                                                                    | need not be de                          | eceased)                                                                  |
| c. Had the surviving spouse/partner remai                                                                                                                                                                                                                                                                                                                                                                            | ried or entered into a re                                                                                                                       | egistered domestic par                                                                            | tnership?                               | ] Yes □ No                                                                |
| If yes, date of marriage or registration qualify for exclusion. Date of marriage,                                                                                                                                                                                                                                                                                                                                    | of the domestic partne<br>domestic partnership r                                                                                                | rship must have occu<br>egistration:                                                              | rred prior to th<br>— ( <b>Please p</b> | ne date of purchase or transfer to provide copy of license and registrati |
| If no, surviving spouse/partner is still of transfer to qualify for exclusion. Date of                                                                                                                                                                                                                                                                                                                               | considered a child of gr                                                                                                                        | andparents and must                                                                               | also be decea                           | ased prior to the purchase or                                             |
| D. TRANSFEREE(S)/BUYER(S) (additional                                                                                                                                                                                                                                                                                                                                                                                | transferees, please co                                                                                                                          | omplete Section F on                                                                              | Page 3)                                 |                                                                           |
| Print full name(s) of transferee(s)                                                                                                                                                                                                                                                                                                                                                                                  | Name                                                                                                                                            |                                                                                                   | Name                                    |                                                                           |
| Family relationship(s) to transferor(s)                                                                                                                                                                                                                                                                                                                                                                              | Relationship                                                                                                                                    |                                                                                                   | Relationship                            |                                                                           |
| <ul> <li>a. Is this property a multi-unit property?</li> <li>b. Has the transferee applied for a Home If yes, complete sections c, d, e, and If no, to be eligible for the exclusion, t date. Contact the Assessor's Office fo c. Name of transferee who filed exempt d. Type of Exemption:  Homeown e. Date the transferee occupied this property.</li> <li>f. Does the transferee own another property.</li> </ul> | eowners' or Disabled V f. he transferee must file r information. ion claim: ers' Exemption  certy as a principal resi perty that is or was thei | eterans' Exemption?  and be eligible for on  Disabled Veterans' Exdence:  r principal residence i | Yes h                                   | No ptions within one year of the transfer (month/day/year)                |
| If yes, please provide the address be                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | date.                                                                                             |                                         | ASSESSOR'S PARCEL/ID NUMBER                                               |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                              | COUNTY                                                                                                                                          |                                                                                                   |                                         | ASSESSOR'S PARCELID NUMBER                                                |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 | MO                                                                                                |                                         | MOVE-OUT DATE (month/date/year)                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                      | CER                                                                                                                                             | TIFICATION                                                                                        |                                         |                                                                           |
| I certify (or declare) under penalty of perjury<br>any accompanying statements or documents<br>transferee's legal representative) of the transf                                                                                                                                                                                                                                                                      | , is true and correct to                                                                                                                        | the best of my know                                                                               |                                         |                                                                           |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESI                                                                                                                                                                                                                                                                                                                                                                             | ENTATIVE                                                                                                                                        | PRINTED NAME                                                                                      |                                         | DATE                                                                      |
| SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 | PRINTED NAME                                                                                      |                                         | DATE                                                                      |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |                                                                                                   | DAYTIME PHONE NUMBER  ( )               |                                                                           |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                                                                                   | EMAIL ADDRESS                           |                                                                           |

**Note:** The Assessor may contact you for additional information.



| E. ADDITIONAL TRANSFEROR(S)/SELLER(S) |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| PRINT NAME                            | RELATIONSHIP TO TRANSFEREE |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
| F. ADDITIONAL TRANSFEREE(S)/BUYER(S)  |                            |  |  |
| PRINT NAME                            | RELATIONSHIP TO TRANSFEROR |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |
|                                       |                            |  |  |

## CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

## Revenue and Taxation Code Section 63.2

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 63.2, provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home or family farm between grandparents and their grandchildren.

To qualify for this exclusion, all parents of the grandchild, who qualify as children of the grandparents, must be deceased as of the date of the grandparent-grandchild transfer. A stepparent does not need to be deceased.

For purposes of this exclusion, a grandchild is a child of the child of the grandparent. A "child" means any of the following:

- A child born of the parent, except a child who has been adopted by another person.
- A stepchild, while the relationship of stepparent and stepchild exists.
- An in-law child, while the in-law relationship exists.
- A child adopted by the parent pursuant to statute, other than an individual adopted after reaching 18 years of age.
- A foster child of a state-licensed foster parent.

A family home must have been the principal residence of the transferor and must continue or become the principal residence of the transferee. For a family home, the transferee must file for the homeowners' or disabled veterans' exemption within one year of the date of transfer. For real property that is sold or gifted, the date of recording of the deed is presumed to be the date of transfer or change in ownership. For real property that is inherited via trust, will, or intestate succession, date of death is the date of change in ownership.

A family farm is any real property that is under cultivation or being used for pasture or grazing, or that is used to produce any agricultural commodity. "Agricultural commodity" means any and all plant and animal products produced in this state for commercial purposes, including, but not limited to, plant products used for producing biofuels, and cultivated industrial hemp (Government Code section 51201).

If the assessed value of the family home or each legal parcel of a family farm on the date of transfer *exceeds* the sum of the factored base year value plus \$1 million, the amount in excess of this sum will be added to the factored base year value.

This claim form is for transfers occurring on or after February 16, 2021. This claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor. A claim form is timely 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 issued as a result of the purchase or transfer for which this claim is filed. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which the claim is filed.

For transfers occurring on or before February 15, 2021, please file claim form BOE-58-G, Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild.

**NOTE:** A county board of supervisors may 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 grandparent-grandchild change in ownership exclusion after two written requests have been sent to an eligible transferee by the County Assessor.

