EF-58-AH-R18-0617-32000724-1 BOE-58-AH (P1) REV. 18 (06-17)

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



Cynthia L. Froggatt Plumas County Assessor

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

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

T.	1								
A. PROPERTY									
SSESSOR'S PARCEL NUMBER									
PROPERTY ADDRESS	CITY								
ROPERTY ADDRESS	CITY								
RECORDER'S DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER								
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)							
States Code, section 405(c)(2)(C)(i) which au	thorizes the use of social security numbers social security number may provide a tax or and the state to monitor the exclusion limi								
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 residence?   Yes  No								
	If <b>yes</b> , please check which of the following exemptions was granted or was eligible to be granted on this property:								
• ''	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption								
5. Have there been other dæ) • △ Is that	ualified for this exclusion? Á ☐ Yes ☐ N	0							
		(This list should include for each property: the County, s/buyers, and family relationship. Transferor's principal							
6. Was only a partial interest in the prop	6. Was only a partial interest in the property transferred?   Yes   No If <b>yes</b> , percentage transferred %								
7. Was this property owned in joint tena	7. Was this property owned in joint tenancy?   Yes   No								
<ol><li>If the transfer was through the medium amendments.</li></ol>	8. If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all amendments.								
	CERTIFICATION								
accompanying statements or documents, is to representative) of the transferees listed in Se value of my principal residence under Revenu	ue and correct to the best of my knowledge ction C. I knowingly am granting this exclu and Taxation Code section 69.5.	the foregoing and all information hereon, including any e and that I am the parent or child (or transferor's legal usion and will not file a claim to transfer the base year							
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTAT	VE   PRINTED NAME	DATE							
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTAT	VE PRINTED NAME	DATE							
MAILING ADDRESS	DAYTIME PHONE NUMBER								
NITY STATE 7ID	( )								
CITY, STATE, ZIP	EMAIL ADDRESS								

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



C. TI	RANSFEREE(S)/BUYER(S	s) (additional tra	ansferees please compl	lete "C" below)						
	Print full name(s) of transfe	. ,								
2.	Family relationship(s) to transferor(s)									
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered me registered with the California Secretary of State) with stepparent on the date of purchase or transfer? $\Box$ Yes $\Box$ No									
	lf <b>no,</b> was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ Divorce/Termination of partnership									
	If terminated by death, had or transfer? ☐ Yes ☐	ership as of the date of purchase								
	If in-law relationship is invidaughter or son on the date	ed domestic partnership with the								
	If no, was the marriage or	mination of partnership								
	If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnership as the date of purchase or transfer? $\Box$ Yes $\Box$ No									
3.	3. ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)									
			CERTIFI	CATION						
accom repres the Re	panying statements or docu entative) of the transferors l evenue and Taxation Code.	uments, is true i isted in Section	and correct to the best a B; and that all of the to	of my knowledge and	d that I am the par e transferees with	nformation hereon, including any rent or child (or transferee's lega in the meaning of section 63.1 o				
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME  DATE										
MAILING	ADDRESS				DAYTIME PHONE NUM	BER				
CITY, ST.	ATE, ZIP				( ) EMAIL ADDRESS					
Note:	The Assessor may contact y	ou for addition	al information.							
	, ,		ITIONAL TRANSFERO	OR(S)/SELLER(S) (C	ontinued)					
NAME		SOCIAL	SOCIAL SECURITY NUMBER		URE	RELATIONSHIP				
		C. ADE	DITIONAL TRANSFERI	EE(S)/BUYER(S) (co	ntinued)					
NAME						RELATIONSHIP				



EF-58-AH-R18-0617-32000724-3 BOE-58-AH (P3) REV. 18 (06-17)

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

Revenue and Taxation Code, Section 63.1

**IMPORTANT:** In order to qualify for this exclusion, a claim form must be completed and signed by the transferors and a transferee and filed with the Assessor. A claim form is timely filed if it is filed within three years after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment for this property. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which you file your claim. Complete all of Sections A, B, and C and answer each question or your claim may be denied. Proof of eligibility, including a copy of the transfer document, trust, or will, may be required. In situations where all information is not known by the due date, the parties should file this claim with as much information as possible, and later amend the claim with any revised information. **Please note**:

- 1. This exclusion only applies to transfers that occur on or after November 6, 1986;
- 2. In order to qualify, the real property must be transferred from parents to their children or children to their parents;
- 3. If you do not complete and return this form, it may result in this property being reassessed.
- 4. California law provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:
  - The principal residence between parents and children, and/or
  - The first \$1,000,000 of the factored base year value of other real property between parents and children.

**NOTE:** Effective January 1, 2009, Revenue and Taxation Code Section 63.1(j) allows a county board of supervisors to authorize a one-time processing fee of not more than \$175 to recover costs incurred by the county assessor due to the failure of an eligible transferee to file a claim for the parent-child change in ownership exclusion after two written requests have been sent to an eligible transferee by the county assessor.

EF-58-AH-R18-0617-3200072