EF-58-AH-R18-0617-51000807-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS



KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

lake necessary corrections to the	e printed name and mailing a	address.)	

A. PROPERTY								
ASSESSOR'S PARCEL NUMBER								
PROPERTY ADDRESS		DATE OF PURCHASE OR TRANSFER						
RECORDER'S DOCUMENT NUMBER								
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 authotax.] A foreign national who cannot obtain a so Service. The numbers are used by the Assessor	rizes the use of social security numbers for cial security number may provide a tax ide and the state to monitor the exclusion limit.	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue						
B. TRANSFEROR(S)/SELLER(S) (additional tra	ansferors please complete "B" on the reverse	e)						
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 princip	Was this property the transferor's principal residence? ☐ Yes ☐ No							
If yes, please check which of the following	If yes, please check which of the following exemptions was granted or was eligible to be granted on this property:							
☐ Homeowners' Exemption ☐ Disable	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption							
5. Have there been other dæ) • △ s that qua	5. Have there been other dæ) • ♣\s that qualified for this exclusion? Á ☐ Yes ☐ No							
	If yes , please attach a list of all previous transfers that qualified for this exclusion. (This list should include for each property: the County Assessor's parcel number, address, date of transfer, names of all the transferees/buyers, and family relationship. Transferor's principal							
6. Was only a partial interest in the property	6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred %							
7. Was this property owned in joint tenancy	7. Was this property owned in joint tenancy? ☐ Yes ☐ No							
If the transfer was through the medium of amendments.	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							
	CERTIFICATION							
accompanying statements or documents, is true representative) of the transferees listed in Secti- value of my principal residence under Revenue a	and correct to the best of my knowledge an on C. I knowingly am granting this exclusion nd Taxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	DDINTED NAME	DITE						
> SIGNATURE OF TRANSPEROR OR LEGAL REPRESENTATIVE	FRINTED IVAINE	DATE						
MAILING ADDRESS		DAYTIME PHONE NUMBER						
		()						
CITY, STATE, ZIP		EMAIL ADDRESS						

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-58-AH-R18-0617-5100080

C. T	RANSFEREE(S)/BUYER(S) (additional tra	ansferees please compl	ete "C" below)					
1.	Print full name(s) of trans	feree(s)			-				
2.	Family relationship(s) to t	ransferor(s)							
	If adopted, age at time of adoption								
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered means registered with the California Secretary of State) with stepparent on the date of purchase or transfer? \Box Yes \Box No								
	If no , was the marriage or	ermination of partnership							
	If terminated by death, had or transfer? ☐ Yes ☐	artnership as of the date of purchase							
	If in-law relationship is indudughter or son on the da	tered domestic partnership with the							
	If no, was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnersh								
	If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnership as o the date of purchase or transfer? $\ \square$ Yes $\ \square$ No								
3.		ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the ransferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)							
			CERTIFIC	CATION					
accom repres the Re	panying statements or doc entative) of the transferors evenue and Taxation Code.	uments, is true listed in Sectior	and correct to the best n B; and that all of the tr	of my knowledge and	d that I am the	all information hereon, including any parent or child (or transferee's lega vithin the meaning of section 63.1 o			
SIGNATU	URE OF TRANSFEREE OR LEGAL	REPRESENTATIVE	PRINTED NAME		DATE				
MAILING	ADDRESS				DAYTIME PHONE N	IUMBER			
CITY, ST	TATE, ZIP				() EMAIL ADDRESS				
Note:	The Assessor may contact	you for addition:	al information						
110101	The recessor may contact	-	ITIONAL TRANSFERO	PR(S)/SELLER(S) (c	ontinued)				
	NAME	SOCIAL	SECURITY NUMBER	SIGNATURE		RELATIONSHIP			
		RELATIONSHIP							



CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

Revenue and Taxation Code, Section 63.1

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

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

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