EF-58-AH-R21-0522-06000028-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Bob Buckner Colusa County Assessor 547 Market St., Suite 101

Colusa, CA 95932 (530) 458-0450

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

L	_						
A. PROPERTY							
ASSESSOR'S PARCEL/ID NUMBER							
PROPERTY ADDRESS		CITY					
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER					
PROBATE NUMBER (if applicable)	ATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)					
States Code, section 405(c)(2)(C)(i) which author	r <mark>iz</mark> es th <mark>e use</mark> of social security numbers for cial security number may provide a tax ide	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any entification number issued by the Internal Revenue					
B. TRANSFEROR(S)/SELLER(S) (additional tra	ansferors please complete Section D on the	reverse)					
Print full name(s) of transferor(s)							
Social security number(s)							
3. Family relationship(s) to transferee(s)							
If adopted, age at time of adoption							
4. Was this property the transferor's principal r	esidence? Yes No						
If yes , please check which of the following e	exemptions was granted or was eligible to b	e granted on this property:					
☐ Homeowners' Exemption ☐ Disabled V							
5. Have there been other transfers that qualifie	ed for this exclusion?						
If yes , please attach a list of all previous tra	nsfers that qualified for this exclusion. (This	list should include for each property: the County, yers, and family relationship. Transferor's principal					
6. Was only a partial interest in the property tra	6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred %						
7. Was this property owned in joint tenancy?	☐ Yes ☐ No						
IMPORTANT: If the transfer was through the nor trust and all amendments.	nedium of a will and/or trust, you must a	ttach a full and complete copy of the will and/					
	CERTIFICATION						
accompanying statements or documents, is true a	and correct to the best of my knowledge ar C. I knowingly am granting this exclusion ar	e foregoing and all information hereon, including any nd that I am the parent or child (or transferor's legal and will not file a claim to transfer the base year value					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
MAILING ADDRESS		DAYTIME PHONE NUMBER					
CITY, STATE, ZIP		() EMAIL ADDRESS					
OITI, SIMIE, ZIF		EIVIAIL ADDRESS					

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



C. TR	ANSFEREE(S)/BUYER(S) (ad	dditional transferees please comple	ete Section E below)				
1.	Print full name(s) of transfere	e(s)						
2.	. Family relationship(s) to transferor(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? \square Yes \square No							
	If no , was the marriage or registered domestic partnership terminated by:							
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \Box Yes \Box No							
	If in-law relationship is involved, was the child-in-law still married to or in a registered domestic partnership with the child on the date of purchase or transfer? \square Yes \square No							
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership							
If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date or transfer? Yes 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.)							
		CERTIF	ICATION					
accom repres the Re	panying statements or docume entative) of the transferors liste venue and Taxation Code.	perjury under the laws of the State ents, is true and correct to the best ed in Section B; and that all of the t	of my knowledge a	nd that I am the pa ble transferees with	arent or child <mark>(o</mark> r transferee's legal			
SIGNATI	JRE OF TRANSFEREE OR LEGAL REPF	RESENTATIVE PRINTED NAME		DATE				
MAILING	GADDRESS			DAYTIME PHONE NU	MBER			
CITY, ST	ATE, ZIP)()	\mathcal{M}	() EMAIL ADDRESS				
Note:	The Assessor may contact you	for additional information.						
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)						
	NAME	SOCIAL SECURITY NUMBER	SIGNA	TURE	RELATIONSHIP			
)E	- /				
E. AD	DITIONAL TRANSFEREE(S)/	BUYER(S)						
NAME					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 and on or before February 15, 2021.
- 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. Revenue and Taxation Code section 63.1 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.

For transfers occurring on or after February 16, 2021, please file form BOE-19-P, Claim for Reassessment Exclusion for Transfer Between Parent and Child Occurring on or After February 16, 2021.

