CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

A. PROPERTY
ASSESSOR'S PARCEL/ID NUMBER
PROPERTY ADDRESS CITY
RECORDER'S DOCUMENT NUMBER
PROBATE NUMBER (if applicable) DATE OF DEATH (if applicable) DATE OF DECREE OF DISTRIBUTION (if applicable)
The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 63.1. [See Title 42 Unite States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration of al tax.] A foreign national who cannot obtain a social security number may provide a tax identification number issued by the Internal Revenu Service. The numbers are used by the Assessor and the state to monitor the exclusion limit.
B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete Section D on the reverse)
1. Print full name(s) of transferor(s)
2. 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 yes, 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 transfers that qualified for this ex <mark>cl</mark> usion? 🛛 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 princip residence must be identified.)
6. Was only a partial interest in the property transferred? 🛛 Yes 🔲 No 🛛 If yes, percentage transferred%
7. Was this property owned in joint tenancy? \Box Yes \Box No
IMPORTANT: 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
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including and accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's leg representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year value of my principal residence under Revenue and Taxation Code section 69.5.

SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS	·	DAYTIME PHONE NUMBER
		()
CITY, STATE, ZIP		EMAIL ADDRESS

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



C. TR	ANSFEREE(S)/BUYER(S) (a	ditional transferees please comp	plete Section E below	<i>י</i>)					
1.	Print full name(s) of transfere	e(s)							
2.	2. Family relationship(s) to transferor(s)								
	If adopted, age at time of adoption								
		nship is involved, was parent s Secretary of State) with steppare			ic partnership <i>(registered means</i> □ Yes □ No				
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🗍 Divorce/Termination of partnership								
	If terminated by death, had th or transfer?		or entered into a regis	tered domestic partr	nership as of the date of purchase				
		d, was the child-in-law still marres \Box No	ied to or in a register	ed domestic partner	rship with the child on the date of				
	If no, was the m <mark>arriage or re</mark>	istered domestic partnership ter	minated by: 🛛 De	ath 🗌 Divorce/Ter	mination of partnership				
	If terminated by death, had th or transfer?		or entered into a regis	stered domestic parti	nership as of the date of purchase				
3.		ON (If the full cash value of the r attachme <mark>nt</mark> to th <mark>is</mark> claim the am			mil <mark>lion dollar v</mark> alue exclusion, the s <mark>b</mark> eing sought.)				
		CERT	FICATION						
accom repres the Re	panying statements or docum	nts, is true and correct to the be d in Section B; and that all of the	st of my knowledge a	and that I am the pa	information hereon, including any rent or child (or transferee's legal in the meaning of section 63.1 of				
MAILING	GADDRESS			DAYTIME PHONE NUM	IBER				
CITY, ST	TATE, ZIP			EMAIL ADDRESS					
Note:	The Assessor may contact you	or additional information.							
D. AD	DITIONAL TRANSFEROR(S)	SELLER(S)							
	NAME	SOCIAL SECURITY NUMBER	R SIGN/		RELATIONSHIP				
				_					

NAME	SOCIAL SECURITY	NUMBER	SIGNATURE		RELATIONSHIP
				1	

E. ADDITIONAL TRANSFEREE(S)/BUYER(S)

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 onetime 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.

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