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

NAME AND MAILING ADDRESS

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



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

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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)				
The disclosure of social security numbers is	mandatory as required by Revenue and	Taxation Code section 63.1. [See Title 42 United				
States Code, section 405(c)(2)(C)(i) which author	izes the use of social security numbers for	identification purposes in the administration of any				
tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a		ntification number issued by the Internal Revenue				
B. TRANSFEROR(S)/SELLER(S) (additional tra		reverse)				
1. Print full name(s) of transferor(s)						
2. Social security number(s)		\frown T				
3. Family relationship(s) to transferee(s)						
If adopted, age at time o <mark>f a</mark> doption						
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 be	e granted on this property:				
☐ Homeowners' Exemption ☐ Disabled V	eterans' Exemption					
5. Have there been other transfers that qualifie	ed for this exclusion?					
		list should include for each property: the County, ers, 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?						
IMPORTANT: If the transfer was through the n or trust and all amendments.	nedium of a will and/or trust, you must at	tach 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 an	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal d will not file a claim to transfer the base year value				
of my principal residence under Revenue and Taxa SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	ation Code section 69.5.	DATE				
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE				
MAILING ADDRESS	1	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) (additional transferees please complete Section E below)					
1.	Print full name(s) of transferee(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 registered with the California Secretary of State) with stepparent on the date of purchase or transfer?					
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🛛 Divorce/Termination of partnership					
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partn or transfer? \Box Yes \Box No	ership as of the date of purchase				
	If in-law relationship is involved, was the child-in-law still married to or in a registered domestic partners purchase or transfer? \Box Yes \Box No	ship with the child on the date of				
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🔲 Divorce/Termination of partnership					
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partn or transfer?	ership as of the date of purchase				
3.	ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one r transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is					
	CERTIFICATION					
accom repres the Re	y (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all in panying statements or documents, is true and correct to the best of my knowledge and that I am the par entative) of the transferors listed in Section B; and that all of the transferees are eligible transferees within venue and Taxation Code. JRE OF TRANSFEREE OR LEGAL REPRESENTATIVE PRINTED NAME DATE	ent or child <mark>(o</mark> r transferee's legal				
MAILING	ADDRESS	BER				
CITY, ST	ATE, ZIP					
Note:	The Assessor may contact you for additional information.					
D. AD	DITIONAL TRANSFEROR(S)/SELLER(S)					
	NAME SOCIAL SECURITY NUMBER SIGNATURE	RELATIONSHIP				

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

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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