CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



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

L		
A. PROPERTY		
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS	$\Pi \supset I$	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 autho	rizes the use of social security numbers for	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue
Service. The numbers are used by the Assessor a		nuncation 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)		
3. Family relationship(s) to transferee(s)		
If adopted, age at time of adoption		
 Was this property the transferor's principal 	residence? 🗆 Yes 🔲 No	
	exemptions was granted or was eligible to b	e granted on this property:
☐ Homeowners' Exemption ☐ Disabled \	· · ·	
5. Have there been other transfers that qualifi		
If yes , please attach a list of all previous tra	ansfers 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 tr	ansferred?	tage transferred %
7. Was this property owned in joint tenancy?	🗌 Yes 🔲 No	
IMPORTANT: If the transfer was through the portrust and all amendments.	medium 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	and correct to the best of my knowledge an	foregoing and all information hereon, including any ad that I am the parent or child (or transferor's legal ad will not file a claim to transfer the base year value
of my principal residence under Revenue and Tax SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	ation Code section 69.5.	DATE
		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) (ad	lditional transferees please comple	te Section E below)	
1.	Print full name(s) of transferee	e(s)		
2.	Family relationship(s) to trans	feror(s)		
	If adopted, age at time of ado	ption		
		nship is involved, was parent still <i>Secretary of State)</i> with stepparent		nestic partnership <i>(registered means</i> r? □ Yes □ No
	If no, was the marriage or reg	istered domestic partnership termi	nated by: \Box Death \Box Divord	e/Termination of partnership
	If terminated by death, had the or transfer? \Box Yes \Box N		entered into a registered domestic	partnership as of the date of purchase
	If in-law relationship is involve purchase or transfer? \Box Y		t to or in a registered domestic pa	rtnership with the child on the date of
	If no, was the m <mark>arriage or reg</mark>	istered domestic partnership termi	nated by: 🗌 Death 🗌 Divorce	/Termination of partnership
	If terminated by death, had the or transfer?	entered into a registered domestic	partnership as of the date of purchase	
3.		ON (If the full cash value of the rea attachme <mark>nt t</mark> o th <mark>is</mark> claim the amou		one mil <mark>lion dollar v</mark> alue exclusion, the hat is <mark>b</mark> eing soug <mark>ht.</mark>)
		CERTIFI	CATION	
accom repres the Re	panying statements or docume	nts, is true and correct to the best d in Section B; and that all of the t	of my knowledge and that I am the	all information hereon, including any parent or child (or transferee's legal within the meaning of section 63.1 of
MAILING	ADDRESS		DAYTIME PHONE	NUMBER
CITY, ST	ATE, ZIP		EMAIL ADDRESS	
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)

NAME	RELATIONSHIP



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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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