EF-58-AH-R16-0514-21000484-1 BOE-58-AH (P1) REV. 16 (05-14)

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



## **Shelly Scott Assessor-Recorder-County Clerk**

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255

www.marincounty.gov

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

| A. PROPERTY  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| ASSESSOR'S PARCEL NUMBER   |  |  |  |  |  |  |
| PROPERTY ADDRESS   | СНҮ  |  |  |  |  |  |
| 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)   |  |  |  |  |  |
| The disclosure of social security numbers is mandatory as required by Revenue and T States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for tax.] A foreign national who cannot obtain a social security number may provide a tax identification. The numbers are used by the Assessor and the state to monitor the exclusion limit.  B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete "B" on the reverse | identification purposes in the administration of any ntification number issued by the Internal Revenue |  |  |  |  |  |
| 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 residence?   Yes  No   |  |  |  |  |  |  |
| If <b>yes</b> , please check which of the following exemptions was granted or was eligible to  | be granted on this property:   |  |  |  |  |  |
| ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption   | as grames and property   |  |  |  |  |  |
| 5. Have there been other dæ) • △\s that qualified for this exclusion? Á ☐ Yes ☐ No   |  |  |  |  |  |  |
| If <b>yes</b> , 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 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? ☐ Yes ☐ No  |  |  |  |  |  |  |
| 8. If the transfer was through the medium of a trust, you <b>must</b> attach a copy of the trust.  |  |  |  |  |  |  |
| CERTIFICATION  |  |  |  |  |  |  |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the baccompanying statements or documents, is true and correct to the best of my knowledge and representative) of the transferees listed in Section C. I knowingly am granting this exclusion value of my principal residence under Revenue and Taxation Code section 69.5.   | d that I am the parent or child (or transferor's legal   |  |  |  |  |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE  | DATE   |  |  |  |  |  |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE  | DATE   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| MAILING ADDRESS  | DAYTIME PHONE NUMBER   |  |  |  |  |  |
| CITY CTATE 7ID   | ( )  |  |  |  |  |  |
| CITY, STATE, ZIP   | EMAIL ADDRESS  |  |  |  |  |  |

(Please complete applicable information on reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| C. T    | RANSFEREE(S)/BUYER(S)   | (additional transferees please complete  | "C" below)                        |                                       |  |
|---------|---|--|-----------------------------------|---------------------------------------|--|
| 1.      | Print full name(s) of transfe   | ree(s)   |                                   |                                       |  |
| 2       | . Family relationship(s) to tra   | nsferor(s)   |                                   |                                       |  |
|         | If adopted, age at time of a  | doption  |                                   |                                       |  |
|         |   | tionship is involved, was parent still ma<br>ia Secretary of State) with stepparent on   |                                   |                                       |  |
|         | If <b>no</b> , was the marriage or r  | egistered domestic partnership terminate   | d by:   Death   Divorce/Te        | ermination of partnership             |  |
|         | If terminated by death, had or transfer? ☐ Yes ☐ N  | the surviving stepparent remarried or ente<br>lo   | red into a registered domestic pa | artnership as of the date of purchase |  |
|         | If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with daughter or son on the date of purchase or transfer? $\Box$ Yes $\Box$ No |  |                                   |                                       |  |
|         | If <b>no</b> , was the marriage or r  | egistered dome <mark>sti</mark> c pa <mark>rtnership termin</mark> ate                   | d by:   Death Divorce/Te          | ermination of partnership             |  |
|         | the date of purchase or tran  |  |                                   |                                       |  |
| 3.      |   | SION (If the full cash value of the real pro<br>an attachment to this claim the amount a |                                   |                                       |  |
|         |   | CERTIFICAT   | TION                              |                                       |  |
| signat  | evenue and Taxation Code.  URE OF TRANSFEREE OR LEGAL RE  URE OF TRANSFEREE OR LEGAL RE   |  | DATE DATE                         | dam the meaning of section 65.1 o     |  |
| MAILING | GADDRESS  |  | DAYTIME PHONE N                   | NUMBER                                |  |
| CITY, S | TATE, ZIP   | <del>///</del>   | ( )<br>EMAIL ADDRESS              |                                       |  |
|         |   |  |                                   |                                       |  |
| Note:   | The Assessor may contact yo   | ou for additional information.   |                                   |                                       |  |
|         |   | B. ADDITIONAL TRANSFEROR(S   | S)/SELLER(S) (continued)          |                                       |  |
|         | NAME  | SOCIAL SECURITY NUMBER   | SIGNATURE                         | RELATIONSHIP                          |  |
|         |   |  |                                   |                                       |  |
|         |   |  |                                   |                                       |  |
|         |   | C. ADDITIONAL TRANSFEREE(S   | S)/BUYER(S) (continued)           |                                       |  |
| NAME    |   |  |                                   | RELATIONSHIP                          |  |
|         |   | NAME.  |                                   | RELATIONOLIII                         |  |
|         |   |  |                                   |                                       |  |
|         |   |  |                                   |                                       |  |
|         |   |  |                                   |                                       |  |
|         |   |  |                                   |                                       |  |



## 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.

