EF-58-AH-R21-0522-24000158-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



MERCED COUNTY MATT H. MAY, ASSESSOR

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

A. PROPERTY		
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		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 author	rizes the use of social secu <mark>rity numbe</mark> rs 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 ntification 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		
Was this property the transferor's principal relationship.	esidence?	
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? Yes No	- /
		list should include for each property: the County, vers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	ansferred?	tage transferred %
7. Was this property owned in joint tenancy?	☐ Yes ☐ No	
<u>IMPORTANT</u> : 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	and correct to the best of my knowledge an C. I knowingly am granting this exclusion an	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal of will not file a claim to transfer the base year value
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. TRANSFEREE(S)/BUYER(S	(additional transferees please complete Section E below)	
1. Print full name(s) of trans	feree(s)	
2. Family relationship(s) to	ransferor(s)	
If adopted, age at time o	adoption	
	lationship is involved, was parent still married to or in a registered domestic partnership <i>(registerna)</i> and Secretary of State) with stepparent on the date of purchase or transfer? \Box Yes \Box No	ed means
If no , was the marriage of	registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership	р
If terminated by death, has or transfer? \square Yes	d the surviving stepparent remarried or entered into a registered domestic partnership as of the date of \square No	f purchase
	volved, was the child-in-law still married to or in a registered domestic partnership with the child on the \square Yes \square No	he date of
If no , was the marriage o	registered domestic partnership terminated by: Death Divorce/Termination of partnership)
If terminated by death, ha or transfer? ☐ Yes	d the <mark>sur</mark> viving ch <mark>ild</mark> -in-l <mark>aw</mark> rem <mark>ar</mark> ried or entered into a <mark>re</mark> gistered domestic partnership <mark>as</mark> of the date of ☑ No	f purchase
	USI <mark>ON</mark> (If the full cash value of the real property transferred exceeds the one million dollar value excl n an attachment to this claim the amount and allocation of the exclusion that is being sought.)	lusion, the
	CERTIFICATION	
MAILING ADDRESS CITY, STATE, ZIP Note: The Assessor may contact	DAYTIME PHONE NUMBER () EMAIL ADDRESS you for additional information.	
D. ADDITIONAL TRANSFEROR		
NAME	SOCIAL SECURITY NUMBER SIGNATURE RELATIONS	HIP
E. ADDITIONAL TRANSFEREE	S)/BUYER(S)	
	NAME RELATIONS	HIP



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.
- 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.



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