CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

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



Josie Gonzales

Assessor-Recorder-County Clerk County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654

1		
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)
States Code, section 405(c)(2)(C)(i) which author tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a	izes the use of social security numbers for ial security number may provide a tax ider nd the state to monitor the exclusion limit.	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any number issued by the Internal Revenue
B. TRANSFEROR(S)/SELLER(S) (additional tra	nsferors 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 r	esidence? 🗌 Yes 🔲 No	
If yes, please check which of the following e	exemptions was granted or was eligible to be	granted on this property:
\Box Homeowners' Exemption \Box Disabled V	eterans' Exemption	
5. Have there been other transfers that qualifie	d 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	ansferred?	age transferred %
7. Was this property owned in joint tenancy?	🗆 Yes 🔲 No	
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 representative) of the transferees listed in Section	and correct to the best of my knowledge and 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 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	PRINTED NAME	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) (ad	ditional transferees please complete Sect	ion E below)			
1.	Print full name(s) of transferee	•(s)				
2.	Family relationship(s) to trans	amily 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 partnership <i>(registered mean registered with the California Secretary of State)</i> with stepparent on the date of purchase or transfer? \Box Yes \Box No					
	If no, was the marriage or reg	stered domestic partnership terminated b	y: 🛛 Death 🖓 Divorce/T	ermination of partnership		
	If terminated by death, had the or transfer? □ Yes □ N	surviving stepparent remarried or entered o	into a registered domestic par	tnership 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 partnership with the child on the date purchase or transfer? \Box Yes \Box No					
	If no, was the marriage or reg	stered domestic partnership terminated b	y: 🗌 Death 🗌 Divorce/Te	ermination of partnership		
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? 🔲 Yes 🗌 No					
3.	3. ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)					
		CERTIFICATIO	N			
accom repress the Re	panying statements or docume entative) of the transferors liste venue and Taxation Code.	erjury under the laws of the State of Calif hts, is true and correct to the best of my F d in Section B; and that all of the transfer	nowledge and that I am the page of the pag	arent or child <mark>(o</mark> r transferee's legal		
SIGNATU	JRE OF TRANSFEREE OR LEGAL REPR	ESENTATIVE PRINTED NAME	DATE			
MAILING	ADDRESS		DAYTIME PHONE NU	MBER		
CITY, ST	ATE, ZIP		EMAILADDRESS			
Note:	The Assessor may contact you	or additional information.				
D. AD	DITIONAL TRANSFEROR(S)	SELLER(S)				
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP		

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

NAME	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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