EF-58-AH-R21-0522-38000077-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Joaquin Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

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

L	⅃			
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 security numbers for cial security number may provide a tax ide n <mark>d the state to m</mark> onit <mark>or the ex</mark> clusion limit.	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue		
	and the control of th			
Print full name(s) of transferor(s) Secial acquirity number(s)				
Social security number(s)	7 - 			
3. Family relationship(s) to transferee(s)				
If adopted, age at time of adoption —				
Was this property the transferor's principal r	residence?			
If yes , please check which of the following e	exemptions was granted or was eligible to be	granted on this property:		
\square Homeowners' Exemption \square Disabled \lor	/eterans' Exemption			
5. Have there been other transfers that qualifie	ed for this exclusion?			
If yes , please attach a list of all previous tra Assessor's parcel number, address, date of residence must be identified.)	nsfers that qualified for this exclusion. (This f transfer, names of all the transferees/buy	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? 🗆 Yes 🗀 No If yes , percen	age transferred %		
7. Was this property owned in joint tenancy?	☐ Yes ☐ No			
$\frac{\text{IMPORTANT}}{\text{or trust and all amendments}}.$ If the transfer was through the n	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 representative) of the transferees listed in Section	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 lega d 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		
>				
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE		
>				
MAILING ADDRESS		DAYTIME PHONE NUMBER		
OUTM OTATE 7/D		()		
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) (a	additional transferees please complete Section E below)			
1.	Print full name(s) of transfere	ee(s)			
2.	2. Family relationship(s) to transferor(s) If adopted, age at time of adoption				
		ionship is involved, was parent still married to or in a registered dom a Secretary of State) with stepparent on the date of purchase or transfe			
	If no , was the marriage or re	egistered domestic partnership terminated by: \qed Death \qed Divorc	e/Termination of partnership		
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchas or transfer?				
	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 d purchase or transfer? \Box Yes \Box No				
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership				
	If terminated by death, had the or transfer?	ne <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> giste <mark>re</mark> d domestic p No	partnership as of the date of purchase		
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.)				
		CERTIFICATION			
accom represo the Re	panying statements or docum	f perjury under the laws of the State of California that the foregoing and tents, is true and correct to the best of my knowledge and that I am the ted in Section B; and that all of the transferees are eligible transferees PRESENTATIVE PRINTED NAME DATE	e parent or child <mark>(o</mark> r transferee's lega		
MAILING	ADDRESS	DAYTIME PHONE	NUMBER		
CITY, ST	ATE, ZIP	() EMAIL ADDRESS			
Note:	The Assessor may contact you	u for additional information.			
D. AD	DITIONAL TRANSFEROR(S)	//SELLER(S)			
	NAME	SOCIAL SECURITY NUMBER SIGNATURE	RELATIONSHIP		
E. AD	DITIONAL 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 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.



