EF-58-AH-R21-0522-47000093-1 BOE-58-AH (P1) REV. 21 (05-22)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Craig S. Kay Siskiyou County Assessor-Recorder 311 Fourth Street, Room 108

Yreka, CA 96097-2984 Telephone (530) 842-8036

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 th <mark>e use</mark> of social security numbers 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 entification 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)	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	4. Was this property the transferor's principal residence? ☐ Yes ☐ No							
If yes , please check which of the following exemptions was granted or was eligible to be granted on this property:								
☐ Homeowners' Exemption ☐ Disabled V								
5. Have there been other transfers that qualified for this exclusion? \(\subseteq \text{ Yes} \subseteq \text{ No} \)								
If yes , please attach a list of all previous tra	nsfers 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 transferred? Yes No If yes, percentage transferred %								
7. Was this property owned in joint tenancy?	☐ Yes ☐ No							
IMPORTANT: If the transfer was through the nor trust and all amendments.		ttach a full and complete copy of the will and/						
	CERTIFICATION							
accompanying statements or documents, is true a	and correct to the best of my knowledge ar C. I knowingly am granting this exclusion ar	foregoing and all information hereon, including any and that I am the parent or child (or transferor's legal and will not file a claim to transfer the base year value						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE						
MAILING ADDRESS		DAYTIME PHONE NUMBER						
CITY, STATE, ZIP		() EMAIL ADDRESS						
OITI, SIMIE, ZIF		EIVIAIL ADDRESS						

(Please complete applicable information on reverse side.)
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



C. TR	ANSFEREE(S)/BUYER(S) (2	additional transferees please compl	ete Section E belo	w)			
1.	Print full name(s) of transfer	ee(s)					
2.	Family relationship(s) to transferor(s)						
	If adopted, age at time of adoption						
	If no , was the marriage or registered domestic partnership terminated by:						
	f terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? $\ \square$ Yes $\ \square$ No						
	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 of purchase or transfer? \Box Yes \Box No						
	If no, was the marriage or registered domestic partnership terminated by: Death 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 o No	r entered into a <mark>re</mark> g	jiste <mark>re</mark> d dome <mark>sti</mark> c p	partnership as of the date of purchase		
3.		SION (If the full cash value of the re n attachme <mark>nt t</mark> o th <mark>is</mark> claim the amo			one mi <mark>llion dollar v</mark> alue exclusion, the lat is <mark>b</mark> eing soug <mark>ht.</mark>)		
		CERTIF	ICATION				
accom repres the Re	panying statements or documentative) of the transferors list venue and Taxation Code.	nents, is true and correct to the bested in Section B; and that all of the	t <mark>o</mark> f my <mark>k</mark> nowledge	and that I am the gible transferees v	all information hereon, including any parent or child (or transferee's lega within the meaning of section 63.1 or		
SIGNATI	JRE OF TRANSFEREE OR LEGAL REF	PRESENTATIVE PRINTED NAME	_	DATE			
MAILING	ADDRESS			DAYTIME PHONE	NUMBER		
CITY, ST	ATE, ZIP)()	\mathcal{A}	() EMAIL ADDRESS			
	The Access of the		H				
	The Assessor may con <mark>tact you DITIONAL TRANSFEROR(S</mark>						
D. AD			eich	IATUDE	DEL ATIONICHID		
	NAME	SOCIAL SECURITY NUMBER	Sign	IATURE	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.



