EF-58-AH-R18-0617-55000204-1 BOE-58-AH (P1) REV. 18 (06-17)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Kaenan Whitman Tuolumne County Assessor - Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535

Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

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

1	I						
A. PROPERTY							
ASSESSOR'S PARCEL NUMBER							
PROPERTY ADDRESS		СІТУ					
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 ider and the state to monitor the exclusion limit.	axation Code section 63.1. See Title 42 United identification purposes in the administration of any tification number issued by the Internal Revenue					
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 princip	al residence?						
If yes, please check which of the following	g exemptions was granted or was eligible to	be granted on this property:					
☐ Homeowners' Exemption ☐ Disable	d Veterans' Exemption						
5. Have there been other dæ • ♣\s that qua	-						
If yes, please attach a list of all previous	If yes , 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						
6. Was only a partial interest in the property	6. Was only a partial interest in the property transferred?						
7. Was this property owned in joint tenancy	?						
 If the transfer was through the medium o amendments. 	8. If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all						
	CERTIFICATION						
accompanying statements or documents, is true representative) of the transferees listed in Sectivalue of my principal residence under Revenue at	and correct to the best of my knowledge and C. I knowingly am granting this exclusion and Taxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal and will not file a claim to transfer the base year					
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. TI	RANSFEREE(S)/BUYER(S)	additional transferees please complet	e "C" below)		
1.	Print full name(s) of transfere	ee(s)			
2.	Family relationship(s) to trans	sferor(s)			
	If adopted, age at time of adoption				
		onship is involved, was parent still m Secretary of State) with stepparent or		a registered domestic partnership (registered means urchase or transfer? \square Yes \square 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 surviving stepparent remarried or entered into a registered domestic partnership as of the date or transfer? \Box Yes \Box No					
	If in-law relationship is involved daughter or son on the date of	tered domestic partnership with the			
	If no , was the marriage or re	ermination of partnership			
	If terminated by death, had the the date of purchase or trans	he <mark>su</mark> rviving s <mark>on</mark> -in-l <mark>aw</mark> or daughter-in- lfer? ☐ Yes ☐ No	law remarri <mark>ed</mark> or <mark>ent</mark> ered into a re	gistered domestic partnership as or	
3.	ALLOCATION OF EXCLUSION transferee must specify on a	ON (If the fu <mark>ll cash value of the real property of the real property of the amount of</mark>	roperty tra <mark>ns</mark> ferr <mark>ed</mark> exceeds the or and alloc <mark>ati</mark> on of the exclusion tha	ne mil <mark>lion dollar v</mark> alue exclusion, the at is being sought.)	
		CERTIFICA	ATION		
accom represe the Re	panying statements or docum entative) of the transferors list evenue and Taxation Code.	perjury under the laws of the State of ents, is true and correct to the best of ed in Section B; and that all of the trai	my knowledge and that I am the	parent or child (or transferee's lega	
SIGNATU	JRE OF TRANSFEREE OR LEGAL REP	RESENTATIVE PRINTED NAME	DATE		
MAILING	GADDRESS		DAYTIME PHONE N	UMBER	
CITY, ST.	ATE, ZIP)()	() EMAIL ADDRESS		
Note:	The Assessor may contact you	for additional information	V		
		B. ADDITIONAL TRANSFEROR	(S)/SELLER(S) (continued)		
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP	
			<i>) </i>		
		C. ADDITIONAL TRANSFEREE	(S)/BUYER(S) (continued)		
NAME				RELATIONSHIP	



EF-58-AH-R18-0617-55000204-3 BOE-58-AH (P3) REV. 18 (06-17)

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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.





EF-58-AH-R18-0617-5500020-