EF-58-AH-R21-0522-02000154-1 BOE-58-AH (P1) REV. 21 (05-22)

## **CLAIM FOR REASSESSMENT EXCLUSION FOR** TRANSFER BETWEEN PARENT AND CHILD



**David Peets Alpine County Assessor/Recorder** 50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

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 an <mark>d the st</mark> ate to monitor the exclusion limit.	Taxation Code section 63.1. See Title 42 United identification purposes in the administration of any intification number issued by the Internal Revenue reverse)		
1. Print full name(s) of transferor(s)	p	,		
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 in the second s	residence 2			
		a granted on this property;		
If <b>yes</b> , please check which of the following of		e granted on this property.		
☐ Homeowners' Exemption ☐ Disabled \				
5. Have there been other transfers that qualifie				
		list sh <mark>ou</mark> ld 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			
<u>IMPORTANT</u> : If the transfer was through the ror 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			
		foregoing and all information hereon, including any nd that I am the parent or child (or transferor's lega		
		nd 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 TRANSPERON ON ELGAL REPRESENTATIVE	FRINTED NAIVIE	DATE		
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE		
<b>&gt;</b>				
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 t	ransferor(s)		
If adopted, age at time of	adoption		
	lationship is involved, was parent still married to ornia Secretary of State) with stepparent on the date		
If <b>no</b> , was the marriage o	r registered domestic partnership terminated by:	☐ Death ☐ Divorce	/Termination of partnership
If terminated by death, ha or transfer? $\Box$ Yes	d the surviving stepparent remarried or entered into $\Box$ No	a registered domestic pa	artnership as of the date of purchase
	volved, was the child-in-law still married to or in a re $\square$ Yes $\square$ No	egistered domestic part	nership with the child on the date o
If <b>no</b> , was the marriage o	r 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 ☐ No	a registered domestic p	artnership as of the date of purchase
	.USI <mark>ON</mark> (If the f <mark>ull</mark> cash value of the real property train an attachment to th <mark>is</mark> claim the amount and alloca		
	CERTIFICATION		
MAILING ADDRESS  CITY, STATE, ZIP  Note: The Assessor may contact	you for additional information.	DATE  DAYTIME PHONE N  ( )  EMAIL ADDRESS	NUMBER
D. ADDITIONAL TRANSFEROR			DEL 4710 VOLUD
NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP
E. ADDITIONAL TRANSFEREE	(S)/BUYER(S)		
NAME			RELATIONSHIP
		<del></del>	



## 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.





EF-58-AH-R21-0522-02000154