EF-58-AH-R16-0514-03000418-1 BOE-58-AH (P1) REV. 16 (05-14)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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

A. PROPERTY					
ASSESSOR'S PARCEL NUMBER					
PROPERTY ADDRESS	СПУ				
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)				
The disclosure of social security numbers is mandatory as required by Revenue and T States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for itax.] A foreign national who cannot obtain a social security number may provide a tax iden Service. The numbers are used by the Assessor and the state to monitor the exclusion limit. B. TRANSFEROR(S)(SELLER(S)) (additional transferors please complete "B" on the reverse	dentification purposes in the administration of any tification number issued by the Internal Revenue				
Print full name(s) of transferor(s)					
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 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 Veterans' Exemption					
5. Have there been other dæ) • △\s that qualified for this exclusion? Á ☐ Yes ☐ No					
If yes , please attach a list of all previous transfers that qualified for this exclusion. (This Assessor's parcel number, address, date of transfer, names of all the transferees/buy residence must be identified.)					
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	_				
8. If the transfer was through the medium of a trust, you must attach a copy of the trust.					
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the faccompanying statements or documents, is true and correct to the best of my knowledge and representative) of the transferees listed in Section C. I knowingly am granting this exclusion value of my principal residence under Revenue and Taxation Code section 69.5.	d that I am the parent or child (or transferor's legal				
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	DATE				
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	DATE				
MAILING ADDRESS	DAYTIME PHONE NUMBER				
CITY, STATE, ZIP	() EMAIL ADDRESS				
OHI, SIMIL, AIF	LIVIALL ADDRESS				

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



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C. T	RANSFEREE(S)/BUYER(S) (8	additional transferees please complete "C"	below)	
1.	Print full name(s) of transfere	e(s)		
		sferor(s)		
	If adopted, age at time of ado			
	If stepparent/stepchild relation	onship is involved, was parent still marrie Secretary of State) with stepparent on the		
	-	gistered domestic partnership terminated b	·	
	If terminated by death, had the	e surviving stepparent remarried or entered	•	·
	or transfer? Yes No	and was the sen in law or daughter in law	atill married to or in a regist	arad damaatia nadharahin with tha
		red, was the son-in-law or daughter-in-law of purchase or transfer? $\ \square$ Yes $\ \square$ No	suii mamed to or in a registi	ered domestic partnership with the
	If no , was the marriage or reg	gistered domestic partnership terminated b	y: Death Divorce/Te	rmination of partnership
	If terminated by death, had the date of purchase or transf	ne surviving son-in-law or daughter-in-law i fer? □ Yes □ No	remarried or entered into a reg	gistered d <mark>omes</mark> tic partnership as of
3.		ON (If the full cash value of the real proper attachment to this claim the amount and		
		CERTIFICATIO	N	
repres the Re SIGNATI		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
MAILING	GADDRESS		DAYTINE DUONE NU	MOCO
MAILING	ADDRESS	1/1/	DAYTIME PHONE NI	UMBER
CITY, ST	ATE, ZIP		EMAIL ADDRESS	
Note:	The Assessor may contact you	for additional information.		
		B. ADDITIONAL TRANSFEROR(S)/S	SELLER(S) (continued)	
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP
		O APPITIONAL TRANSFERENCE	21N/22/0\ (****(*******************************	
		C. ADDITIONAL TRANSFEREE(S)/I	BUYER(S) (continued)	DEL ATIONOLUD
NAME			RELATIONSHIP	



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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.

