EF-58-AH-R18-0617-03000336-1 BOE-58-AH (P1) REV. 18 (06-17)

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.)

L		_l					
A. PROPER	TY						
ASSESSOR'S PAR	CEL NUMBER						
PROPERTY ADDRE	ess		CITY				
RECORDER'S DOO	UMENT NUMBER		DATE OF PURCHASE OR TRANSFER				
PROBATE NUMBER	R (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)				
States Code, tax.] A foreigr Service. The r	section 405(<mark>c)(2</mark>)(C)(i) which autho national who cannot obtain a so umbers are used by the Assessor	rizes the use of social security number					
		ansierors please complete B on the re	everse)				
1. Print full name(s) of transferor(s)							
Social security number(s)							
3. Family	3. Family relationship(s) to transferee(s)						
	If adopted, age at time of adoption						
4. Was t	4. Was this property the transferor's principal residence? ☐ Yes ☐ No						
-		<mark>ig exemptio</mark> ns was gra <mark>nte</mark> d or wa <mark>s el</mark> igi	ible to be granted on this property:				
□ Но	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption						
5. Have	5. Have there been other dæ) • △\s that qualified for this exclusion? Á ☐ Yes ☐ No						
Asses	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 residence must be identified.)						
6. Was d	6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred %						
7. Was t	′. Was this property owned in joint tenancy? ☐ Yes ☐ No						
	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 amendments.						
		CERTIFICATION					
accompanying representative value of my pr	n statements or documents, is true of the transferees listed in Secti incipal residence under Revenue a	and correct to the best of my knowled on C. I knowingly am granting this exc nd Taxation Code section 69.5.	at the foregoing and all information hereon, including an Ige and that I am the parent or child (or transferor's lega clusion and will not file a claim to transfer the base yea				
SIGNATURE OF T	RANSFEROR OR LEGAL REPRESENTATIVE	DATE					
SIGNATURE OF T	RANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE				
MAILING ADDRES	S	DAYTIME PHONE NUMBER					
CITY, STATE, ZIP		EMAIL ADDRESS					

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



EF-58-AH-R18-0617-0300033

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 transferor(s)						
	If adopted, age at time of adoption						
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered registered with the California Secretary of State) with stepparent on the date of purchase or transfer? \Box Yes \Box No						
	If no , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ Divorce/Termination of partnership						
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of pu or transfer? \square Yes \square No						
If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partners daughter or son on the date of purchase or transfer? \Box Yes \Box No							
	If no , was the marriage or re	gistered domestic partnership termina	ted by: Death Divorce/Te	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)				
		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;
- 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.

