EF-58-AH-R18-0617-03000277-1 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						
A. PROPERTY						
ASSESSOR'S PARCEL 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 and the state to monitor the exclusion limit.	Taxation Code section 63.1. See Title 42 United identification purposes in the administration of any ntification 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						
Was this property the transferor's princip	al residence?					
	ng 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 <b>yes</b> , 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	i. Was only a partial interest in the property transferred?   Yes No If yes, percentage transferred %					
7. Was this property owned in joint tenancy	7. Was this property owned in joint tenancy?   Yes  No					
<ol> <li>If the transfer was through the medium of amendments.</li> </ol>	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 amendments.					
	CERTIFICATION					
accompanying statements or documents, is true	and correct to the best of my knowledge an on C. I knowingly am granting this exclusion nd Taxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal n and will not file a claim to transfer the base year				
SIGNATURE OF TRANSPERSOR OR LEGAL REPRESENTATIVE	FRINTED 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



EF-58-AH-R18-0617-0300027

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					
	If stepparent/stepchild relation registered with the California	estic partnership <i>(registered means</i> P				
	If <b>no</b> , was the marriage or re	If <b>no</b> , 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 of or transfer? $\Box$ Yes $\Box$ No					
	tered domestic partnership with the					
	If <b>no</b> , 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	<del>)( )</del>	( ) 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		



## 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.

