CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)



Larie Durham **Calaveras County Assessor** 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		CITY
RECORDER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER
PROBATE NUMBER (if applicable)	ATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)
		Taxation Code section 63.1. [See Title 42 United
		identification purposes in the administration of any ntification number issued by the Internal Revenue
Service. The numbers are used by the Assessor a		minication number issued by the internal revenue
B. TRANSFEROR(S)/SELLER(S) (additional tra		reverse)
1. Print full name(s) of transferor(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 principal n		
If yes , please check which of the following e		e granted on this property:
□ Homeowners' Exemption □ Disabled V		
5. Have there been other transfers that qualifie		
		list should include for each property: the County,
residence must be identified.)	Transfer, names of all the transferees/buy	rers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tra	insferred? Yes No If ves. percen	tage transferred %
 Was this property owned in joint tenancy? 		
		ttach a full and complete copy of the will and/
or trust and all amendments.	·····	······································
	CERTIFICATION	
		foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal
		nd will not file a claim to transfer the base year value
of my principal residence under Revenue and Taxa SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		-
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

CITY, STATE, ZIP

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



C. TR	ANSFEREE(S)/BUYER(S) (ad	ditional transferees please complete Section E below)					
1.	Print full name(s) of transfere	e(s)					
2.	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 means 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: If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? Yes No						
	If in-law relationship is involved, was the child-in-law still married to or in a registered domestic partnership with the child on the date of purchase or transfer? 🛛 Yes 🗍 No						
	If no, was the m <mark>arriage or re</mark> o	istered domestic partnership terminated by: 🛛 Death 🗋 Div	orce/Termination of partnership				
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \Box Yes \Box No						
3.		ON (If the full cash value of the real property transferred exceeds attachment to this claim the amount and allocation of the exclusion					
		CERTIFICATION					
accom repres the Re	panying statements or docume	Derjury under the laws of the State of California that the foregoing nts, is true and correct to the best of my knowledge and that I an d in Section B; and that all of the transferees are eligible transfer ESENTATIVE PRINTED NAME DATE	n the parent or child (or transferee's legal				
MAILING	ADDRESS	DAYTIME P	HONE NUMBER				
CITY, ST	ATE, ZIP	EMAILADD	RESS				
Note:	The Assessor may contact you	for additional information.					
D. AD	DITIONAL TRANSFEROR(S)	SELLER(S)					
	NAME	SOCIAL SECURITY NUMBER SIGNATURE	RELATIONSHIP				

SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

E. ADDITIONAL TRANSFEREE(S)/BUYER(S)

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 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 onetime 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.

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