EF-58-AH-R16-0514-13000472-1 BOE-58-AH (P1) REV. 16 (05-14)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

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) | | | | |
| The disclosure of social security numbers is mandatory as required by Revenue and Testates Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for tax.] A foreign national who cannot obtain a social security number may provide a tax ider 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 | identification purposes in the administration of any trification number issued by the Internal Revenue | | | | |
| 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 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 | be granted on this property. | | | | |
| 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 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 only a partial interest in the property transferred? Yes No If yes, percent | 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 | | | | | |
| certify (or declare) under penalty of perjury under the laws of the State of California that the accompanying 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 lega | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | DATE | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | 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-R16-0514-13000472

| C. 1 | TRANSFEREE(S)/BUYER(S) | additional transferees please complete "C | below) | | | |
|---------|---|---|-----------------------|------------------------------------|--|--|
| 1 | . Print full name(s) of transfere | ee(s) | | | | |
| 2 | . Family relationship(s) to tran | sferor(s) | | | | |
| | If adopted, age at time of ado | | | | | |
| | | onship is involved, was parent still marrie Secretary of State) with stepparent on the | | | | |
| | If no , was the marriage or registered domestic partnership terminated by: Death 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 purchas or transfer? | | | | | |
| | If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? \Box Yes \Box No | | | | | |
| | If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership | | | | | |
| | the date of purchase or trans | | | | | |
| | | ON (If the fu <mark>ll cash value of the real proper attachment to this claim the amount and</mark> | | | | |
| | | CERTIFICATIO | N | | | |
| the R | evenue and Taxation Code. FURE OF TRANSFEREE OR LEGAL REF | | DATE DATE | nin the meaning of section 63.1 of | | |
| MAILIN | G ADDRESS | | DAYTIME PHONE NU | MBER | | |
| CITY. S | TATE, 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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 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.

