EF-58-AH-R19-0519-13000262-1 BOE-58-AH (P1) REV. 19 (05-19)

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.)

A. PROPERTY							
ASSESSOR'S PARCEL NUMBER							
ACCESSOR OF A MODE NO MIDER							
PROPERTY ADDRESS	HQT	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 authorized	orizes the use of social security numbers for ocial 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 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 residence? Yes No						
	ng exemptions was granted or was eligible to	be granted on this property:					
☐ Homeowners' Exemption ☐ Disable		grantou en uno <mark>p</mark> roporsy.					
Have there been other transfers that qua	·						
If yes , please attach a list of all previous	transfers that qualified for this exclusion. (T	nis list should include for each property: the County, lyers, and family relationship. Transferor's principal					
6. Was only a partial interest in the property	y transferred? 🔲 Yes 🔲 No If yes , pero	centage transferred %					
7. Was this property owned in joint tenancy	7. Was this property owned in joint tenancy? ☐ Yes ☐ No						
$\underline{\text{IMPORTANT}}\!\!:$ If the transfer was through the trust and all amendments.	medium of a will and/or trust, you must a	ttach a full and complete copy of the will and/or					
	CERTIFICATION						
accompanying statements or documents, is true	and correct to the best of my knowledge ar n C. I knowingly am granting this exclusion al xation Code section 69.5.	foregoing and all information hereon, including any and that I am the parent or child (or transferor's legal and will not file a claim to transfer the base year value					
•							
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



C. TI	RANSFEREE(S)/BUYER(S)	(additional transferees please comp	lete Section E below)				
1.	Print full name(s) of transfe	ree(s)					
	Family relationship(s) to transferor(s)						
	If adopted, age at time of a	doption					
			I married to or in a registered domest ton the date of purchase or transfer?				
	If no , 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 purchas 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 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						
	If terminated by death, had the date of purchase or train	the <mark>surviving son</mark> -in-l <mark>aw</mark> or daughternsfe <mark>r? ☐ Yes ☐ No</mark>	-in-law remarri <mark>ed</mark> or <mark>ent</mark> ered into a reç	gistered d <mark>omes</mark> tic partnership as o			
3.	ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)						
		CERTIF	ICATION				
represe the Re	panying statements or documentative) of the transferors livenue and Taxation Code. JRE OF TRANSFEREE OR LEGAL RE	sted in Section B; and that all of the t	of my knowledge and that I am the p transferees are eligible transferees wi	arent or child <mark>(o</mark> r transferee's lega thin the mean <mark>in</mark> g of section 63.1 o			
MAILING	GADDRESS		DAYTIME PHONE NU	JMBER			
MI, VIEITO	MUDICEGO						
CITY, STA	ATE, ZIP		EMAIL ADDRESS				
Note:	The Assessor may con <mark>tact yo</mark>	ou for additional information.					
		D. ADDITIONAL TRANSFERO	OR(S)/SELLER(S)				
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP			
		E. ADDITIONAL TRANSFER	EE(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 informtion. **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.

