## CLAIM FOR REASSESSMENT EXCLUSION FOR **TRANSFER BETWEEN PARENT AND CHILD**

NAME AND MAILING ADDRESS

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



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

A. PROPERTY	
ASSESSOR'S PARCEL/ID NUMBER	
PROPERTY ADDRESS	CITY
RECORDER'S DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER
PROBATE NUMBER (if applicable) DATE OF DEATH (if applica	ble) DATE OF DECREE OF DISTRIBUTION (if applicable)
States Code, section 405(c)(2)(C)(i) which authorizes the use of soc tax.] A foreign national who cannot obtain a social security number Service. The numbers are used by the Assessor and the state to mon	
B. TRANSFEROR(S)/SELLER(S) (additional transferors please co.	mplete Section D on the reverse)
1. Print full name(s) of transferor(s)	
2. Social security number(s)	
<ol> <li>Family relationship(s) to transferee(s)</li> </ol>	
If adopted, age at time of adoption	
4. Was this property the tr <mark>ansferor's pr</mark> incipal residence?	s 🗖 No
If yes, please check which of the following exemptions was gra	nted or was eligible to be granted on this property:
☐ Homeowners' Exemption ☐ Disabled Veterans' Exemptior	
5. Have there been other transfers that qualified for this exclusion	? 🗌 Yes 🔲 No
	for this exclusion. (This list should include for each property: the County, of all the transferees/buyers, and family relationship. Transferor's principal
6. Was only a partial interest in the property transferred?	□ No If <b>yes,</b> percentage transferred %
7. Was this property owned in joint tenancy? $\ \square$ Yes $\ \square$ No	
IMPORTANT: If the transfer was through the medium of a will an	nd/or trust, you must attach a full and complete copy of the will and/
or trust and all amendments.	
	TIFICATION tate of California that the foregoing and all information hereon, including any
	best of my knowledge and that I am the parent or child (or transferor's legal
	granting this exclusion and will not file a claim to transfer the base year value
of my principal residence under Revenue and Taxation Code section ( SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE  PRINTED NAME	69.5
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. TR	ANSFEREE(S)/BUYER(S)	additional transferees please comple	te Section E below)	
1.	Print full name(s) of transfer	ee(s)		
2.	Family relationship(s) to trai	nsferor(s)		
	If adopted, age at time of ac	loption		
			married to or in a registered dome on the date of purchase or transfer?	
	If <b>no,</b> was the marriage or re	egistered domestic partnership termi	nated by: $\Box$ Death $\Box$ Divorce/	Termination of partnership
	If terminated by death, had t or transfer? □ Yes □		entered into a registered domestic pa	rtnership as of the date of purchase
		ved, was the child-in-law still married Yes □ No	d to or in a registered domestic partr	ership with the child on the date of
	If <b>no,</b> was the m <mark>arriage or re</mark>	egistered domestic partnership termi	nated by: 🗌 Death 🗌 Divorce/T	ermination of partnership
	If terminated by death, had t or transfer?		entered into a registered domestic pa	rtnership <mark>as of t</mark> he date of purchase
3.			I property transferred exceeds the or nt and allocation of the exclusion tha	
		CERTIFI	CATION	
accom repres the Re	panying statements or docun	nents, is true and correct to the best ted in Section B; and that all of the t	of California that the foregoing and a of my knowledge and that I am the p ansferees are eligible transferees w DATE	arent or child (or transferee's legal
MAILING	GADDRESS		DAYTIME PHONE N	UMBER
CITY, ST	TATE, ZIP		EMAIL ADDRESS	
Note:	The Assessor may contact yo	u for additional information.		
D. AD	DITIONAL TRANSFEROR(S	)/SELLER(S)		
	NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP


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

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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