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

| L | | | | | | |
|---|--|---|--|--|--|--|
| A. PROPERTY | | | | | | |
| 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) | | | | |
| States Code, section 405(c)(2)(C)(i) which author | izes the use of social security numbers for ial security number may provide a tax ide | Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue | | | | |
| B. TRANSFEROR(S)/SELLER(S) (additional tra | nsferors please complete Section D on the | 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 o <mark>f a</mark> doption | | | | | | |
| 4. Was this property the transferor's principal r | esidence? 🗆 Yes 🔲 No | | | | | |
| If yes , please check which of the following e | xemptions was granted or was eligible to be | granted on this property: | | | | |
| ☐ Homeowners' Exemption ☐ Disabled V | eterans' Exemption | | | | | |
| 5. Have there been other transfers that qualifie | d for this exclusion? | - | | | | |
| | | list should include for each property: the County, ers, and family relationship. Transferor's principal | | | | |
| 6. Was only a partial interest in the property tra | nsferred? 🗌 Yes 🔲 No 🛛 If yes, percent | tage transferred % | | | | |
| 7. Was this property owned in joint tenancy? | 🗆 Yes 🔲 No | | | | | |
| IMPORTANT: If the transfer was through the m or trust and all amendments. | nedium of a will and/or trust, you must at | tach a full and complete copy of the will and/ | | | | |
| | CERTIFICATION | | | | | |
| | | foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal | | | | |
| | | d will not file a claim to transfer the base year value | | | | |
| of my principal residence under Revenue and Taxe SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | ation Code section 69.5. | | | | | |
| | | 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 | dditional transferees please comple | te Section E below) | | | |
|---------------------------|---|---|--|--|--|--|
| 1. | Print full name(s) of transfere | e(s) | | | | |
| 2. | Family relationship(s) to trans | sferor(s) | | | | |
| | If adopted, age at time of ado | ption | | | | |
| | | | married to or in a registered dom on the date of purchase or transfe | nestic partnership <i>(registered means</i> r? □ Yes □ No | | |
| | If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🗍 Divorce/Termination of partnership | | | | | |
| | If terminated by death, had the or transfer? \Box Yes \Box N | | entered into a registered domestic p | partnership as of the date of purchase | | |
| | 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 o purchase or transfer? 🛛 Yes 🗋 No | | | | | |
| | If no , was the m <mark>arriage or rec</mark> | gistered domestic partnership termi | nated by: 🗌 Death 🗌 Divorce | /Termination of partnership | | |
| | If terminated by death, had the or transfer? | e surviving child-in-law remarried or lo | entered into a <mark>re</mark> gistered domestic p | partnership as of the date of purchase | | |
| 3. | | | Il property transferred exceeds the on the and allocation of the exclusion the the exclusion the exc | one mil <mark>lion dollar v</mark> alue exclusion, the nat is <mark>b</mark> eing soug <mark>ht.</mark>) | | |
| | | CERTIFI | CATION | | | |
| accom repres the Re | panying statements or docume | ents, is true and correct to the best ad in Section B; and that all of the t | of my knowledge and that I am the | all information hereon, including any parent or child (or transferee's legal within the meaning of section 63.1 of | | |
| MAILING ADDRESS | | DAYTIME PHONE | NUMBER | | | |
| | | | | | | |
| CITY, ST | ATE, ZIP | | EMAIL ADDRESS | | | |
| Note: | The Assessor may contact you | for additional information. | | | | |
| D. AD | DITIONAL TRANSFEROR(S) | SELLER(S) | | | | |
| | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP | | |

| NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP |
|------|------------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
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| | |



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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