EF-58-AH-R21-0522-21000052-1 BOE-58-AH (P1) REV. 21 (05-22)

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



## **Shelly Scott Assessor-Recorder-County Clerk**

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913

Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

| NAME AND MAILING ADDRESS  |  |
|---|--|
| (Make necessary corrections to the printed name and mailing address.) |  |

| L  | ل   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| 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<br>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   | insferors please complete Section D on the  | reverse)  |  |  |  |  |
| 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 <b>yes</b> , please check which of the following e  |   | e granted on this property:   |  |  |  |  |
| ☐ Homeowners' Exemption ☐ Disabled V   | 1 0   |   |  |  |  |  |
| '  | 5. Have there been other transfers that qualified for this exclusion?  \( \subseteq \text{Yes} \subseteq \text{No} \) |   |  |  |  |  |
| If <b>yes</b> , please attach a list of all previous tra   | nsfers that qualified for this exclusion. (This   | list should include for each property: the County, vers, and family relationship. Transferor's principal  |  |  |  |  |
| 6. Was only a partial interest in the property transferred?   Yes No If <b>yes</b> , percentage transferred —————————————————————————————————— |   |   |  |  |  |  |
| 7. Was this property owned in joint tenancy?   | ☐ Yes ☐ No  |   |  |  |  |  |
| <u>IMPORTANT</u> : If the transfer was through the nor trust and all amendments.   | nedium of a will and/or trust, you must a   | ttach a full and complete copy of the will and/   |  |  |  |  |
|  | CERTIFICATION   |   |  |  |  |  |
| accompanying statements or documents, is true a  | and correct to the best of my knowledge an<br>C. I knowingly am granting this exclusion an                            | foregoing and all information hereon, including any<br>d that I am the parent or child (or transferor's legal<br>ad will not file a claim to transfer the base year value |  |  |  |  |
| 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   |   | ( )<br>EMAIL ADDRESS  |  |  |  |  |
| OITI, SIMIE, ZIF   |   | EIVIAIL ADDRESS   |  |  |  |  |

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



| C. TR                     | ANSFEREE(S)/BUYER(S) (a                                 | additional transferees please complete Section E below)  |   |  |  |
|---------------------------|---|--|---|--|--|
| 1.                        | Print full name(s) of transfere                         | ee(s)  |   |  |  |
| 2.                        | 2. Family relationship(s) to transferor(s)              |  |   |  |  |
|                           | If adopted, age at time of ad                           | option   |   |  |  |
|                           |   | onship is involved, was parent still married to or in a registered don<br>a Secretary of State) with stepparent on the date of purchase or transfe   |   |  |  |
|                           | If <b>no</b> , was the marriage or re                   | egistered domestic partnership terminated by: $\Box$ Death $\Box$ Divorc   | ce/Termination of partnership                         |  |  |
|                           | If terminated by death, had the or transfer? ☐ Yes ☐    | ne surviving stepparent remarried or entered into a registered domestic<br>No  | partnership as of the date of purchase                |  |  |
|                           | If in-law relationship is involve purchase or transfer? | ved, was the child-in-law still married to or in a registered domestic pa<br>Yes $\ \square$ No  | rtnership with the child on the date o                |  |  |
|                           | If <b>no</b> , was the marriage or re                   | gistered domestic partnership terminated by:   Death Divorce   | e/Termination of partnership                          |  |  |
|                           | If terminated by death, had the or transfer? ☐ Yes ☐ I  | ne <mark>sur</mark> viving ch <mark>ild</mark> -in-l <mark>aw</mark> rem <mark>ar</mark> ried or entered into a <mark>re</mark> gistered domestic<br>No  | partnership as of the date of purchase                |  |  |
| 3.                        |   | SION (If the full cash value of the real property transferred exceeds the n attachment to this claim the amount and allocation of the exclusion to   |   |  |  |
|                           | _   | CERTIFICATION  |   |  |  |
| accom<br>repres<br>the Re | npanying statements or docum                            | perjury under the laws of the State of California that the foregoing and tents, is true and correct to the best of my knowledge and that I am the ted in Section B; and that all of the transferees are eligible transferees | e parent or child <mark>(o</mark> r transferee's lega |  |  |
|                           |   |  |   |  |  |
| MAILING                   | GADDRESS  | DAYTIME PHONE  | ENUMBER   |  |  |
| CITY, ST                  | TATE, ZIP   | EMAIL ADDRESS  | S   |  |  |
| Note:                     | The Assessor may contact you                            | for additional information.  |   |  |  |
| D. AD                     | DITIONAL TRANSFEROR(S)                                  | //SELLER(S)  |   |  |  |
|                           | NAME  | SOCIAL SECURITY NUMBER SIGNATURE   | RELATIONSHIP  |  |  |
|                           |   |  |   |  |  |
|                           |   |  |   |  |  |
|                           |   |  |   |  |  |
|                           |   |  |   |  |  |
| E. AD                     | DITIONAL TRANSFEREE(S)                                  | /BUYER(S)  | I   |  |  |
| 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.
- 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 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.

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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