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

NAME AND MAILING ADDRESS

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



## Katrina Bartolomie **MENDOCINO COUNTY ASSESSOR** 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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 tax.] A foreign national who cannot obtain a soc Service. The numbers are used by the Assessor a	izes the use of social security numbers for ial security number may provide a tax ider nd the <mark>st</mark> ate to monitor the exclusion limit.	<b>Taxation Code section 63.1.</b> [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	Insterors please complete Section D on the					
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 r	esidence? 🗌 Yes 🛄 No					
If <b>yes</b> , please check which of the following e	xemptions was granted or was eligible to be	e granted on this property:				
$\Box$ Homeowners' Exemption $\Box$ Disabled V	eterans' Exemption					
5. Have there been other transfers that qualifie	d for this exclusion? 🛛 Yes 🗌 No	-				
	If <b>yes</b> , 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 tra	Insferred?	age transferred %				
7. Was this property owned in joint tenancy?	🗆 Yes 🔲 No					
IMPORTANT: If the transfer was through the mor 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					
accompanying statements or documents, is true a	and correct to the best of my knowledge an	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 Taxa SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		u wiii not nie a claim to transier 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		EMAIL ADDRESS				

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



C. TR	ANSFEREE(S)/BUYER(S) (additio	nal transferees please comple	te Section E below)			
1.	Print full name(s) of transferee(s) .					
2.	Family relationship(s) to transferor	-(s)				
	If adopted, age at time of adoption	l				
	If stepparent/stepchild relationship registered with the California Secr			nestic partnership <i>(registered means</i> er? □ Yes □ No		
	If <b>no,</b> was the marriage or register	ed domestic partnership termi	nated by: $\Box$ Death $\Box$ Divord	ce/Termination of partnership		
	If terminated by death, had the sum or transfer? $\Box$ Yes $\Box$ No	viving stepparent remarried or	entered into a registered domestic	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 purchase or transfer? $\Box$ Yes $\Box$ No					
	If <b>no,</b> was the m <mark>arriage or reg</mark> ister	ed domestic partnership termi	nated by: 🗌 Death 🔲 Divorce	e/Termination of partnership		
	If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchas or transfer? 🔲 Yes 🗌 No					
3.	ALLOCATION OF EXCLUSION ( transferee must specify on an atta			one million dollar value exclusion, the hat is being sought.)		
		CERTIFI	CATION			
accom repres the Re	panying statements or documents,	is true and correct to the best Section B; and that all of the ti	<mark>o</mark> f my knowledg <mark>e</mark> and that I am th	d all information hereon, including any e parent or child (or transferee's legal within the meaning of section 63.1 of		
MAILING	G ADDRESS		DAYTIME PHON	ENUMBER		
CITY, ST	ATE, ZIP		EMAIL ADDRESS	8		
Note:	The Assessor may contact you for a	dditional information.				
D. AD	DITIONAL TRANSFEROR(S)/SEL	LER(S)				
	NAME SC	DCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP		

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP

## E. ADDITIONAL TRANSFEREE(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 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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