EF-58-AH-R20-0520-40000235-1 BOE-58-AH (P1) REV. 20 (05-20)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



San Luis Obispo County Assessor County Government Center 1055 Monterey Street, Suite D360

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

| L | _ | | | | | | |
|--|--|--|--|--|--|--|--|
| A. PROPERTY | | | | | | | |
| ASSESSOR'S PARCEL 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 sial security number may provide a tax ide nd 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 | | | | | |
| Print full name(s) of transferor(s) | insterors please complete Section D on the | reverse) | | | | | |
| 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 | | | | | | | |
| | If yes, please check wh <mark>ich of the following exemptions</mark> was grante <mark>d</mark> or was <mark>eligi</mark> ble to be granted on this pr <mark>op</mark> erty: | | | | | | |
| ☐ Homeowners' Exemption ☐ Disabled V | ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption | | | | | | |
| • | 5. Have there been other transfers that qualified for this exclusion? ☐ Yes ☐ No | | | | | | |
| | | list sh <mark>ou</mark> ld include for each property: the County, And fam <mark>ily</mark> relationship. Transferor's principal residence | | | | | |
| 6. Was only a partial interest in the property tra | 6. Was only a partial interest in the property tr <mark>an</mark> sferred? 🔲 Yes 🔲 No If yes , percentage transferred % | | | | | | |
| 7. Was this property owned in joint tenancy? | ☐ Yes ☐ No | , II | | | | | |
| <u>IMPORTANT</u> : If the transfer was through the n trust and all amendments. | nedium of a will and/or trust, you must at | tach 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 an C. I knowingly am granting this exclusion an ation Code section 69.5. | 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 | | | | | |
| > | | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | PRINTED NAME | DATE | | | | | |
| MAILING ADDRESS | DAYTIME PHONE NUMBER | | | | | | |
| OUTV OTATE TO | () | | | | | | |
| 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) (a | dditional transferees please compl | lete Section E below) | | | | | |
|-----------|--|------------------------------------|--|-------------------------------------|--|--|--|--|
| 1. | Print full name(s) of transferee | e(s) | | | | | | |
| 2. | Family relationship(s) to transferor(s) | | | | | | | |
| | If adopted, age at time of adop | | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered mear registered with the California Secretary of State) with stepparent 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 or transfer? \square Yes \square N | | entered into a registered domestic part | nership as of the date of purchase | | | | |
| | If in-law relationship is involve purchase or transfer? | | d to or in a registered domestic partne | rship with the child on the date of | | | | |
| | 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 child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? | | | | | | | |
| 3. | ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferred must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.) | | | | | | | |
| | CERTIFICATION | | | | | | | |
| the Re | entative) of the transferors liste venue and Taxation Code. URE OF TRANSFEREE OR LEGAL REPR | AIVI | ransferees are eligible transferees with | | | | | |
| MAILING | ADDRESS | | DAYTIME PHONE NUM | MBER | | | | |
| CITY, ST. | ATE, ZIP |)() | EMAIL ADDRESS | | | | | |
| Note: | The Assessor may contact you | for additional information. | | | | | | |
| | | D. ADDITIONAL TRANS | SFEROR(S)/SELLER(S) | | | | | |
| | NAME | SOCIAL SECURITY NUMBER | SIGNATURE | RELATIONSHIP | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | E. ADDITIONAL TRANS | SFEREE(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.
- 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.

