CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



٦

Joseph E. Holland **County Clerk, Recorder and Assessor** P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

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

| L | | | | | |
|---|--|--|--|--|--|
| A. PROPERTY | | | | | |
| ASSESSOR'S PARCEL/ID NUMBER | | \mathbf{C} | | | |
| PROPERTY ADDRESS RECORDER'S DOCUMENT NUMBER | | CITY DATE OF PURCHASE OR TRANSFER | | | |
| | | | | | |
| PROBATE NUMBER (if applicable) | DATE OF DEATH (if applicable) | DATE OF DECREE OF DISTRIBUTION (if applicable) | | | |
| States Code, section 405(c)(2)(C)(i) which author | rizes the use of social security numbers for sial security number may provide a tax ide | Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any entification number issued by the Internal Revenue | | | |
| B. TRANSFEROR(S)/SELLER(S) (additional tra | ansferors please complete Section D on the | reverse) | | | |
| 1. Print full name(s) of transferor(s) | | | | | |
| 2. Social security number(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 | exemptions was granted or was eligible to b | e granted on this property: | | | |
| ☐ Homeowners' Exemption ☐ Disabled V | eterans' Exemption | | | | |
| 5. Have there been other transfers that qualifie | | - | | | |
| | | list should include for each property: the County, yers, and family relationship. Transferor's principal | | | |
| 6. Was only a partial interest in the property tra | ansferred? 🗌 Yes 🔲 No If yes, percer | ntage transferred% | | | |
| 7. Was this property owned in joint tenancy? | 🗆 Yes 🔲 No | | | | |
| <u>IMPORTANT</u> : If the transfer was through the n or 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 | and correct to the best of my knowledge an | foregoing and all information hereon, including any nd that I am the parent or child (or transferor's legal nd will not file a claim to transfer the base year value | | | |
| of my principal residence under Revenue and Tax. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | ation Code section 69.5. | DATE | | | |
| | | DATE | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE | PRINTED NAME | DATE | | | |
| MAILING ADDRESS | 1 | 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) (ad | ditional transferees please complete | Section E | below) | |
|----------------------------|---|--|-------------------------------|---|---|
| 1. | Print full name(s) of transferee | e(s) | | | |
| 2. | Family relationship(s) to trans | eror(s) | | | |
| | If adopted, age at time of adopted | tion | | | |
| | If stepparent/stepchild relation registered with the California S | nship is involved, was parent still n Secretary of State) with stepparent o | narried to o In the date o | r in a registered of purchase or tra | l domestic partnership <i>(registered means</i> ansfer? Yes No |
| | If no, was the marriage or reg | stered domestic partnership termina | ated by: | 🗆 Death 🛛 D | ivorce/Termination of partnership |
| | If terminated by death, had the or transfer? \Box Yes \Box N | | ntered into a | registered dome | estic partnership as of the date of purchase |
| | · | d, was the child-in-law still married es 🛛 No | to or in a re | gistered domesti | ic partnership with the child on the date o |
| | If no, was the marriage or reg | stered domestic partnership termina | ated by: | 🗌 Death 🔲 Div | vorce/Termination of partnership |
| | If terminated by death, had the or transfer? | | ntered into a | a registered dome | estic partnership as of the date of purchase |
| 3. | | ON (If the full cash value of the real attachme <mark>nt</mark> to th <mark>is</mark> claim the amount | | | the one million dollar value exclusion, the ion that is being sought.) |
| | | CERTIFIC | ATION | | |
| accom repress the Re | panying statements or docume | nts, is true and correct to the best o d in Section B; and that all of the tra | f m <mark>y k</mark> nowle | edg <mark>e</mark> and that I a | g and all information hereon, including any m the parent or child (or transferee's lega rees within the meaning of section 63.1 o |
| MAILING | ADDRESS | | | DAYTIME F | PHONE NUMBER |
| CITY, ST | ATE, ZIP | | | | DRESS |
| Note: | The Assessor may contact you | or additional information. | V | | |
| D. AD | DITIONAL TRANSFEROR(S) | SELLER(S) | | | |
| | NAME | SOCIAL SECURITY NUMBER | 5 | GIGNATURE | 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.

||S||