CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



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Deva Marie Proto Sonoma County Clerk-Recorder-Assessor 585 Fiscal Drive, Room 104 Santa Rosa, CA 95403 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

NAME AND MAILING ADDRESS	
Make necessary corrections to the printed name and mailing address.)	
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A. PROPERTY		
ASSESSOR'S PARCEL/ID NUMBER		
PROPERTY ADDRESS		CITY
RECORDER'S DOCUMENT NUMBER		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 autho tax.] A foreign national who cannot obtain a so Service. The numbers are used by the Assessor a	rizes the use of social security numbers for cial security number may provide a tax ide and 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
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)		
3. Family relationship(s) to transferee(s) —		
If adopted, age at time of adoption		
Was this property the transferor's principal		
If yes, please check which of the following	exemptions was granted or was eligible to b	e granted on this property:
☐ Homeowners' Exemption ☐ Disabled \	/eterans' Exemption	
5. Have there been other transfers that qualified	ed for this exclusion?	_
If yes , please attach a list of all previous tra Assessor's parcel number, address, date residence must be identified.)	nsfers that qualified for this exclusion. (This of transfer, names of all the transferees/buy	list should include for each property: the County, vers, and family relationship. Transferor's principal
6. Was only a partial interest in the property tr	ansferred?	tage transferred %
7. Was this property owned in joint tenancy?	🗌 Yes 🔲 No	
IMPORTANT: If the transfer was through the ror 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 representative) of the transferees listed in Section	and correct to the best of my knowledge an C. I knowingly am granting this exclusion ar	foregoing and all information hereon, including any of that I am the parent or child (or transferor's legal of 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	PRINTED NAME	DATE
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE
MAILING ADDRESS		DAYTIME PHONE NUMBER
		()
CITY, STATE, ZIP		EMAILADDRESS

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	lditional transferees please comple	te Section E b	elow)		
1.	Print full name(s) of transfere	e(s)				
2.	2. Family relationship(s) to transferor(s)					
	If adopted, age at time of ado	ption				
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered means 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 reg	istered domestic partnership termi	nated by:	🛛 Death 🛛 Div	vorce/Termination of partnership	
	If terminated by death, had the or transfer? \Box Yes \Box N		entered into a	registered domes	stic partnership as of the date of purchase	
		ed, was the child-in-law still married les \Box No	to or in a reg	istered domestic	partnership with the child on the date of	
	If no , was the marriage or reg	istered domestic partnership termi	nated by:	Death 🗌 Div	orce/Termination of partnership	
	If terminated by death, had the or transfer?		entered into a	registered dome	stic partnership as of the date of purchase	
3.		ON (If the full cash value of the rea attachment to this claim the amou			the one million dollar value exclusion, the on that is being sought.)	
		CERTIFI	CATION			
accom repres	panying statements or docume	nts, is true and correct to the best d in Section B; and that all of the t	<mark>o</mark> f m <mark>y k</mark> nowled	lge and that I an eligible transfer	and all information hereon, including any n the parent or child (or transferee's legal ees within the meaning of section 63.1 of	
	JRE OF TRANSFEREE OR LEGAL REPF			DATE		
MAILING	ADDRESS			DAYTIME PI	HONE NUMBER	
CITY, ST	ATE, ZIP		$I \setminus I$	EMAIL ADDR	RESS	
Note:	The Assessor may contact you	for additional information.				
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)				
	NAME	SOCIAL SECURITY NUMBER	SI	GNATURE	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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