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CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

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



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

L								
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)						
The disclosure of social security number	s is mandatory as required	by Revenue and Taxation Code section 63.1. [See Title 42 Unite						
		curity numbers for identification purposes in the administration of a						
		provide a tax identification number issued by the Internal Revenue						
Service. The numbers are used by the Asses	sor an <mark>d the st</mark> ate t <mark>o m</mark> onit <mark>or</mark> the	exclusion limit.						
B. TRANSFEROR(S)/SELLER(S) (addition	al transferors 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								
4. Was this property the transferor's princ	ipal residence? 🗌 Yes 🔲 I	No						
		or was eligible to be granted on this property:						
	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption . Have there been other transfers that qualified for this exclusion? ☐ Yes ☐ No							
		is exclusion. (This list should include for each property: the County,						
Assessor's parcel number, address, d residence must be identified.)	ate of transfer, names of all t	he transferees/buyers, and family relationship. Transferor's princip						
6. Was only a partial interest in the prope	rty transferred? 🛛 Yes 🔲 t	No If yes, percentage transferred %						
7. Was this property owned in joint tenan	cy? 🗌 Yes 🗌 No							
	the medium of a will and/or t	trust, you must attach a full and complete copy of the will and/						
or trust and all amendments.								
I certify (or declare) under penalty of perium	CERTIFICA	California that the foregoing and all information hereon, including a						
		i my knowledge and that I am the parent or child (or transferor's leg						
		ng this exclusion and will not file a claim to transfer the base year valu						
of my principal residence under Revenue and SIGNATURE OF TRANSFEROR OR LEGAL REPRESENT	Taxation Code section 69.5.	DATE						
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENT	ATIVE PRINTED NAME	DATE						
MAILING ADDRESS		DAYTIME PHONE NUMBER						

CITY, STATE, ZIP

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

EMAIL ADDRESS



C. TR	ANSFEREE(S)/BUYER(S) (ad	lditional transferees please	complete Section	E below)				
1.	Print full name(s) of transfere	e(s)						
2.	2. Family relationship(s) to transferor(s)							
	If adopted, age at time of adoption							
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership <i>(registered mean registered with the California Secretary of State)</i> with stepparent on the date of purchase or transfer? \Box Yes \Box No							
	If no, was the marriage or registered domestic partnership terminated by: 🛛 Death 🛛 Divorce/Termination of partnership							
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchas or transfer? 🛛 Yes 🗌 No							
	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 o purchase or transfer? 🛛 Yes 🗌 No							
	If no, was the m <mark>arriage or rec</mark>	istered domestic partnershi	p terminated by:	🗆 Death 🔲 Divorc	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 purchase or transfer? 🗌 Yes 🗌 No							
3.	ALLOCATION OF EXCLUSI transferee must specify on ar				one million dollar value exclusion, the that is <mark>b</mark> eing sought.)			
		C	ERTIFICATION					
accom repres the Re	panying statements or docume	nts, is true and correct to th d in Section B; and that all d	ne b <mark>est o</mark> f my k <mark>no</mark> n	vledg <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	GADDRESS			DAYTIME PHON	E NUMBER			
CITY, ST	TATE, ZIP](]		EMAIL ADDRES	5			
Note:	The Assessor may contact you	for additional information.						
D. AD	DITIONAL TRANSFEROR(S)/	SELLER(S)						
	NAME		IBER	SIGNATURE	RELATIONSHIP			

NAME	SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP
	1	 	

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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