A. P

PROPE

RECOR

CITY, STATE, ZIP

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

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

NAME AND MAILING ADDRESS

Lassen County Assessor 107 S. Roop St. Susanville CA 96130 (530) 251-8241 dschlueter@co.lassen.ca.us

J			
	CITY		
	DATE OF PURCHASE OR TRANSFER		
DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)		
	DATE OF DEATH (if applicable)		

PROBA<sup>®</sup> The d States tax.] A foreign national who cannot obtain a social security number may provide a tax identification number issued Service. The numbers are used by the Assessor and the state to monitor the exclusion limit. B. TRANSFEROR(S)/SELLER(S) (additional transferors please complete "B" 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 principal residence?  $\square$  Yes  $\square$  No If yes, please check which of the following exemptions was granted or was eligible to be granted on this property: ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption 5. Have there been other transfers that qualified for this exclusion?  $\ \square$  Yes  $\ \square$  No If yes, 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 transferred?  $\square$  Yes  $\square$  No If **yes**, percentage transferred \_\_\_\_\_\_% 7. Was this property owned in joint tenancy?  $\square$  Yes  $\square$  No 8. If the transfer was through the medium of a trust, you must attach a copy of the trust. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and that I am the parent or child (or transferor's legal representative) of the transferees listed in Section C. I knowingly am granting this exclusion and will not file a claim to transfer the base year value of my principal residence under Revenue and Taxation Code section 69.5. SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE DATE SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE DATE MAILING ADDRESS DAYTIME PHONE NUMBER

(Please complete applicable information on reverse side.)

EMAIL ADDRESS

C. T	RANSFEREE(S)/BUYER(S) (8	additional transferees please compl	ete "C" below)				
1.	Print full name(s) of transfere	e(s)					
2.	Family relationship(s) to transferor(s)						
	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? $\square$ Yes $\square$ No						
	If <b>no</b> , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ 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 purchase or transfer? $\square$ Yes $\square$ No						
	If in-law relationship is involved daughter or son on the date of	to or in a registere	ed domestic partnership with the				
	If <b>no</b> , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ Divorce/Termination of partnership						
If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partne the date of purchase or transfer? $\Box$ Yes $\Box$ No							
3.	ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)						
		CERTIFIC	CATION				
repres the Re	npanying statements or docume	perjury under the laws of the State of the state of the state of the best and in Section B; and that all of the transfer to th	of my knowledge and	d that I am the par	ent or child (or transferee's legal		
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE DATE				DATE			
MAILING ADDRESS  DAYTIME PHONE NUM  ( )  CITY, STATE, ZIP  EMAIL ADDRESS				BER			
				EMAIL ADDRESS			
Note:	The Assessor may contact you	for additional information					
11010.	The Assessor may contact you	B. ADDITIONAL TRANSFERO	PR(S)/SELLER(S) (c	ontinued)			
NAME		SOCIAL SECURITY NUMBER	SIGNATURE		RELATIONSHIP		
		C. ADDITIONAL TRANSFERE	 EE(S)/BUYER(S) <i>(c</i> o	ontinued)			
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 informtion. **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.