CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS

SUSAN M. RANOCHAK, Mendocino County Assessor 501 Low Gap Rd., Room 1020 Ukiah, CA 95482

Phone (707) 234-6800 Fax (707) 463-6597

		(Make necessary corrections to the printed name	e and mailing address.)						
		L	_						
Α.	PR	OPERTY							
ASS	ESSC	R'S PARCEL NUMBER							
PRC	PERT	Y ADDRESS		CITY					
REC	ORDE	ER'S DOCUMENT NUMBER		DATE OF PURCHASE OR TRANSFER					
PRC	BATE	NUMBER (if applicable) D	ATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)					
				Faxation Code section 63.1. [See Title 42 United identification purposes in the administration of any					
				ntification number issued by the Internal Revenue					
Sei	vice	. The numbers are used by the Assessor are	nd the state to monitor the exclusion limit.						
В.	TR	ANSFEROR(S)/SELLER(S) (additional tra	nsferors please complete "C" on the reverse	9)					
	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 principa	I residence? ☐ Yes ☐ No						
		If yes, please check which of the following	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 quali	fied for this exclusion? \square Yes \square No						
	is list should include for each property: the County yers, and family relationship. Transferor's principa								
	6.	. Was only a partial interest in the property transferred? \square Yes \square No \square If yes , percentage transferred%							
	7.	. Was this property owned in joint tenancy? Yes No							
	8. If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all								
		amendments.	CERTIFICATION						
Се	ertify	(or declare) under penalty of perjury unde	r the laws of the State of California that the	foregoing and all information hereon, including any					
				If that I am the parent or child (or transferor's lega					
		rincipal residence under Revenue and Taxa		d will not file a claim to transfer the base year value					
		•	1	DATE					
SIGI	UTAN	RE OF TRANSFEROR OR LEGAL REPRESENTATIVE	PRINTED NAME	DATE					
	3								
MAII	LING	ADDRESS		DAYTIME PHONE NUMBER					
				()					
CITY	, STA	TE, ZIP		EMAIL ADDRESS					
			ı						

(Please complete applicable information on reverse side.)

C. T	RANSFEREE(S)/BUYER(S) (a	dditional tra	ansferees please compl	ete "C" below)					
1.	Print full name(s) of transferee	e(s)							
2.	Family relationship(s) to trans								
	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 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 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 purcle or transfer? \square Yes \square No								
	If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? \square Yes \square No								
	If no , 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 partnership at 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.)								
	CERTIFICATION								
repres the Re	panying statements or docume entative) of the transferors lister evenue and Taxation Code.	nts, is true d in Section	and correct to the best n B; and that all of the ti	of my knowledge and	d that I am the par	nformation hereon, including any ent or child (or transferee's legal n the meaning of section 63.1 oi			
SIGNAT	URE OF TRANSFEREE OR LEGAL REPR	RESENTATIVE	PRINTED NAME		DATE				
SIGNATI	URE OF TRANSFEREE OR LEGAL REPR	ESENTATIVE	PRINTED NAME		DATE				
MAILING	ADDRESS				DAYTIME PHONE NUMBER				
CITY. ST	ATE, ZIP			() EMAIL ADDRESS					
					2.111 112 123 123				
Note:	The Assessor may contact you	for addition	al information.						
		B. ADD	DITIONAL TRANSFERO	PR(S)/SELLER(S) (c	ontinued)	T			
NAME		SOCIAL SECURITY NUMBER		SIGNATURE		RELATIONSHIP			
		C. ADI	DITIONAL TRANSFERI	EE(S)/BUYER(S) (co	ontinued)				
		RELATIONSHIP							
-									

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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.