BOE-58-AH (P1) REV. 1Í (0Î-1F) OWN-88 (REV. 7-13)

NAME AND MAILING ADDRESS

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

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



COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR 500 WEST TEMPLE STREET ROOM 205

LOS ANGELES, CA 90012-2770 • Telephone 213.893.1239

Email: helpdesk@assessor.lacounty.gov

Website: assessor.lacounty.gov

Si desea ayuda en Español, llame al número 213.974.3211

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|---|---|--|--|--|--|--|--|
| A. PROPERTY | | | | | | | |
| ASSESSOR'S PARCEL 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 autitax.] A foreign national who cannot obtain a Service. The numbers are used by the Assessor | norizes the use of social security numbers for social security number may provide a tax ide r 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 | transferors please complete "B" on the reverse | 9) | | | | | |
| 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 ☐ No | | | | | | |
| If yes, please check which of the follow | ring exemptions was granted or was eligible to | be granted on this property: | | | | | |
| ☐ Homeowners' Exemption ☐ Disab | ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption | | | | | | |
| 5. Have there been other dæ) • △\s that q | 5. Have there been other dæ) • △ s that qualified for this exclusion? Á ☐ Yes ☐ No | | | | | | |
| | | is list should include for each property: the County, yers, and family relationship. Transferor's principal | | | | | |
| 6. Was only a partial interest in the property transferred? \Box Yes \Box No If yes , percentage transferred % | | | | | | | |
| 7. Was this property owned in joint tenand | 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. | | | | | | | |
| I contife (our de place) conden a contite of marious con | CERTIFICATION | formation and all information because including any | | | | | |
| accompanying statements or documents, is true representative) of the transferees listed in Section 1. | e and correct to the best of my knowledge an on C. I knowingly am granting this exclusion an | foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal d will not file a claim to transfer the base year value | | | | | |
| of my principal residence under Revenue and T SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATION | /E | DATE | | | | | |
| CICNATURE OF TRANSFERDOR OF LEGAL REPRESENTATION | DATE | | | | | | |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATION | E | DATE | | | | | |
| MAILING ADDRESS | | DAYTIME PHONE NUMBER | | | | | |
| | | () | | | | | |
| CITY, STATE, ZIP | | EMAIL ADDRESS | | | | | |

(Please complete applicable information on reverse side.)

| C. T | RANSFEREE(S)/BUYER(S) (| additional transferees please compl | ete "C" below) | | | | | |
|------------------------------------|--|--|---------------------|---|-------------------------------------|--|--|--|
| 1. | Print full name(s) of transfere | e(s) | | | | | | |
| 2. | Family relationship(s) to transferor(s) | | | | | | | |
| | If adopted, age at time of ado | | | | | | | |
| | If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered me registered with the California Secretary of State) with stepparent on the date of purchase or transfer? Yes 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 purch or transfer? Yes 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 daughter or son on the date of purchase or transfer? Yes No | | | | | | | |
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| | | | | | | | | |
| | If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box 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 as 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 | ppanying statements or docume centative) of the transferors liste evenue and Taxation Code. | perjury under the laws of the State of ents, is true and correct to the best ed in Section B; and that all of the tr | of my knowledge and | d that I am the part e transferees withi | ent or child (or transferee's legal | | | |
| SIGNATI | SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE DATE | | | | | | | |
| SIGNATI | URE OF TRANSFEREE OR LEGAL REPI | RESENTATIVE | | DATE | | | | |
| MAILING ADDRESS DAYTIME PHONE NUMI | | | | | BER | | | |
| CITY. ST | () CITY, STATE, ZIP EMAIL ADDRESS | | | | | | | |
| | | | | | | | | |
| Note: | The Assessor may contact you | | | | | | | |
| | | B. ADDITIONAL TRANSFERO | R(S)/SELLER(S) (c | ontinued) | T | | | |
| NAME | | SOCIAL SECURITY NUMBER | SIGNAT | URE | RELATIONSHIP | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| - | | C. ADDITIONAL TRANSFERE | EE(S)/BUYER(S) (cd | ontinued) | | | | |
| NAME | | | | | RELATIONSHIP | | | |
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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. **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 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.