EF-19-G-R01-0521-01000044-1 BOE-19-G (P1) REV. 01 (05-21)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

L							
A. PROPERTY							
ASSESSOR'S PARCEL/ID NUMBER							
PROPERTY ADDRESS	CITY						
DATE OF PURCHASE OR TRANSFER	RECORDER'S DOCUMENT NUMBER						
DATE OF DEATH (if applicable)	PROBATE NUMBER (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)					
B. TRANSFEROR(S)/SELLER(S) (additional tra	ansferors, please complete Section	D on the reverse)					
Print full name(s) of transferor(s)	Name	Name					
Family relationship(s) to transferee(s)	Relationship	Relationship					
 Homeowners' Exemption ☐ Disabled Veterans' Exemption Was only a partial interest in the property transferred? ☐ Yes ☐ No If yes, percentage transferred							
CERTIFICATION							
	true and correct to the best of my	rnia that the foregoing and all information hereon, including r knowledge and that I am the grandparent or grandchild (or					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENT	ATIVE PRINTED NAME	DATE					
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENT	ATIVE PRINTED NAME	DATE					
MAILING ADDRESS	DAYTIME PHONE NUMBER ()						
CITY, STATE, ZIP	EMAIL ADDRESS						

(Please complete information on reverse side)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



C.	TRANSFEREE(S)/BUYER(S) (addition	nal transferees plea	ase com	olete Section E below)			
		Name			Name	Name	
	mily relationship(s) to transferor(s)	Relationship			Relation	nship	
1.	If grandchild was adopted, age at time	of adoption:	Ad	dopted by whom?			
2.	 If grandchild was adopted, age at time of adoption: Adopted by whom?						
	Date of death of direct descendant						
	a. Was deceased parent married or in a registered domestic partnership ("registered" means registered with the California Secretary of State as of the date of death? Yes No						
	 b. Is the spouse or registered domestic partner of the deceased parent a: (check one): Parent of the grandchild Stepparent of the grandchild (a stepparent need not be deceased) 						
	c. Had surviving spouse/partner remarried or entered into a registered domestic partnership? Yes No If YES, date of marriage or registration of the domestic partnership must have occurred prior to the date of purchase or transfer t qualify for exclusion. Date of marriage/domestic partnership registration:						
If NO , surviving spouse/partner is still considered a child of grandparents and must also be deceased prior to the puto qualify for exclusion. Date of death (<i>Please provide death certificate</i>)							
 Is this property continuing to be used as the family farm by the transferee? Yes No Is this property going to be the transferee's principal residence? No If yes, please check which of the following exemptions for which a claim was filed and complete a, b, and c below. (Please note 							
	☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption Date Filed						
	a. Name of transferee who filed exemption claim:						
	b. Date the transferee occupied this property as a principal residence:(month/day/year)						
	c. Does the transferee own another property that is or was their principal residence in California?						
ΔD	DRESS		COUNTY		Δ9	SSESSOR'S PARCEL/ID NUMBER	
אטו	SKESS		COUNTY		AC	ASSESSON'S FANGLE/ID NOWIBLIN	
CITY, STATE, ZIP					MC	MOVE-OUT-DATE (month/date/year)	
			CERTIF	CATION	1		
any	ertify (or declare) under penalty of perju v accompanying statements or documer nsferee's legal representative) of the trar	its, is true and corre	ect to the				
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE				PRINTED NAME		DATE	
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE				PRINTED NAME	RINTED NAME DATE		
MAILING ADDRESS					DAYTIME PHONE NUMBER		
CITY, STATE, ZIP					EMAIL ADDRESS		
	te: The Assessor may contact you for a		٦.				
_	ADDITIONAL TRANSFEROR(S)/SELLI INT NAME	ER(S)			- Di	EL ATIONOLUD TO TRANSFERE	
	INT NAME				K	ELATIONSHIP TO TRANSFEREE	
	DDITIONAL TRANSFEREE(S)/BUYER	(S)					
	INT NAME	···-/			R	ELATIONSHIP TO TRANSFEROR	
					K	IONOIM TO INAMOLEROP	



CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN GRANDPARENT AND GRANDCHILD OCCURRING ON OR AFTER FEBRUARY 16, 2021

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home between grandparents and their grandchildren, as long as the property was the family home of the transferor and continues as the family home of the transferee. A family home also includes a family farm.

To qualify for this exclusion, all parents of the grandchild, who qualify as children of the grandparents, must be deceased as of the date of the grandparent-grandchild transfer. A stepparent does not need to be deceased.

For a family home, the transferee is required to file for the homeowners' or disabled veterans' exemption within one year of the date of transfer.

If the assessed value of the family home on the date of transfer *exceeds* the sum of the factored base year value plus \$1 million, the amount in excess of this sum will be added to the factored base year value.

This claim form is for transfers occurring on or after February 16, 2021.

For transfers occurring on or before February 15, 2021, please file claim form BOE-58-G, Claim for Reassessment Exclusion for Transfer from Grandparent to Grandchild.

NOTE: A county board of supervisors may authorize 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 grandparent-grandchild change in ownership exclusion after two written requests have been sent to an eligible transferee by the county assessor.



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