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**COUNTY OF EL DORADO**  
**OFFICE OF THE ASSESSOR**

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**Jon DeVille, Assessor**

360 Fair Lane • Placerville, CA 95667

Telephone: (530) 621-5719 • Fax: (530) 642-8148

Website: [www.eldoradocounty.ca.gov/Assessor](http://www.eldoradocounty.ca.gov/Assessor)

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**Parent to Child(ren) Exclusion Packet**

Under the provision of Proposition 19, the transfer of a principal place of residence or family farm from a parent to their child(ren) may be excluded from reappraisal for property tax purposes.

If there is a transfer involving a parent and child(ren) please complete the BOE-19-P form which will exclude the property from reappraisal, if all requirements are met.

One of the criteria in qualifying for this exclusion is that the residence must become your principal place of residence within one year of the transfer. Included in this packet is also the required Homeowners' Exemption form (BOE-266).

Please mail the completed forms to:

El Dorado County Assessor's Office  
360 Fair Lane  
Placerville CA 95667

All forms must have original signatures to qualify.



**CLAIM FOR REASSESSMENT EXCLUSION FOR  
TRANSFER BETWEEN PARENT AND CHILD  
OCCURRING ON OR AFTER FEBRUARY 16, 2021**



**EL DORADO COUNTY**  
**JON DEVILLE, ASSESSOR**  
 360 FAIR LANE  
 PLACERVILLE, CA 95667  
 TELEPHONE: 530-621-5719

NAME AND MAILING ADDRESS

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

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**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)

**B. TRANSFEROR(S)/SELLER(S)** (additional transferors, please complete Section E on Page 3)

|                                         |              |              |
|-----------------------------------------|--------------|--------------|
| Print full name(s) of transferor(s)     | Name         | Name         |
| Family relationship(s) to transferee(s) | Relationship | Relationship |

- Was this property the transferor's family farm? ☐ Yes ☐ No **If yes**, how is the property used?  
☐ Pasture/Grazing ☐ Agricultural Commodity ☐ Cultivation: \_\_\_\_\_
- Was this property the transferor's principal residence? ☐ Yes ☐ No  
 a. **If yes**, please check which of the following exemptions was granted or eligible to be granted on this property.  
☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption  
 b. Is this property a multi-unit property? ☐ Yes ☐ No **If yes**, which unit was the transferor's principal residence? \_\_\_\_\_
- Was only a partial interest in the property transferred? ☐ Yes ☐ No **If yes**, percentage transferred \_\_\_\_\_ %
- Was this property owned in joint tenancy? ☐ Yes ☐ No

**IMPORTANT:** 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**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief and that I am the parent or child (or transferor's legal representative) of the transferees listed in Section D. 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 sections 69, 69.3, or 69.6.*

|                                                      |              |                             |
|------------------------------------------------------|--------------|-----------------------------|
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE<br>▶ | PRINTED NAME | DATE                        |
| SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE<br>▶ | PRINTED NAME | DATE                        |
| MAILING ADDRESS                                      |              | DAYTIME PHONE NUMBER<br>( ) |
| CITY, STATE, ZIP                                     |              | EMAIL ADDRESS               |

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

**C. PARENT-CHILD RELATIONSHIP INFORMATION**

1. If child was adopted, age at time of adoption: \_\_\_\_\_
2. If stepparent/stepchild relationship is involved, was the parent still married to or in a registered domestic partnership ("*registered*" means registered with the California Secretary of State) with the stepparent on the date of purchase or transfer? ☐ Yes ☐ No
3. If **NO**, was the marriage or registered domestic partnership terminated by: ☐ Death ☐ Divorce/Termination of partnership
4. If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? ☐ Yes ☐ No
5. 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 of purchase or transfer? ☐ Yes ☐ No
6. If **NO**, was the marriage or registered domestic partnership terminated by: ☐ Death ☐ Divorce/Termination of partnership
7. 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

**D. TRANSFEE(S)/BUYER(S)** (additional transferees, please complete Section F on Page 3)

|                                         |              |              |
|-----------------------------------------|--------------|--------------|
| Print full name(s) of transferee(s)     | Name         | Name         |
| Family relationship(s) to transferor(s) | Relationship | Relationship |

1. Is this property the transferee's family farm? ☐ Yes ☐ No
2. Is this property currently the transferee's principal residence? ☐ Yes ☐ No

**If yes**, complete sections a, b, c, d, e, and f below:

**If no**, date the transferee intends to occupy the property as the principal residence: \_\_\_\_\_

- a. Is this property a multi-unit property? ☐ Yes ☐ No **If yes**, which unit is the transferee's principal residence: \_\_\_\_\_
- b. Has the transferee applied for a Homeowners' or Disabled Veterans' Exemption? ☐ Yes ☐ No

**If yes**, complete sections c, d, e, and f.

**If no**, to be eligible for the exclusion, the transferee must file and be eligible for one of the exemptions within one year of the transfer date. If the exemption claim is filed after the one-year period, prospective relief may be available.

- c. Name of transferee who filed or will be filing the exemption claim: \_\_\_\_\_
- d. Type of Exemption: ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption
- e. Date the transferee occupied this property as a principal residence: \_\_\_\_\_ (month/day/year)
- f. Does the transferee own another property that is or was their principal residence? ☐ Yes ☐ No

**If yes**, please provide the address below and the move-out date.

|                  |        |                                |
|------------------|--------|--------------------------------|
| ADDRESS          | COUNTY | ASSESSOR'S PARCEL/ID NUMBER    |
| CITY, STATE, ZIP |        | MOVE-OUT DATE (month/day/year) |

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief, and that I am the parent or child (or transferee's legal representative) of the transferors listed in Section B.*

|                                                    |              |                             |
|----------------------------------------------------|--------------|-----------------------------|
| SIGNATURE OF TRANSFEE OR LEGAL REPRESENTATIVE<br>▶ | PRINTED NAME | DATE                        |
| SIGNATURE OF TRANSFEE OR LEGAL REPRESENTATIVE<br>▶ | PRINTED NAME | DATE                        |
| MAILING ADDRESS                                    |              | DAYTIME PHONE NUMBER<br>( ) |
| CITY, STATE, ZIP                                   |              | EMAIL ADDRESS               |

**Note: The Assessor may contact you for additional information.**

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

| E. ADDITIONAL TRANSFEROR(S)/SELLER(S) |           |                            |
|---------------------------------------|-----------|----------------------------|
| PRINT NAME                            | SIGNATURE | RELATIONSHIP TO TRANSFEREE |
|                                       |           |                            |
|                                       |           |                            |
|                                       |           |                            |

| F. ADDITIONAL TRANSFEREE(S)/BUYER(S) |                            |
|--------------------------------------|----------------------------|
| PRINT NAME                           | RELATIONSHIP TO TRANSFEROR |
|                                      |                            |
|                                      |                            |
|                                      |                            |

**CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD  
OCCURRING ON OR AFTER FEBRUARY 16, 2021  
Revenue and Taxation Code Section 63.2  
Property Tax Rule 462.520**

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 63.2, provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home or family farm between parents and their children.

For purposes of this exclusion, a "child" means any of the following:

- A child born of the parent, except a child who has been adopted by another person.
- A stepchild, while the relationship of stepparent and stepchild exists.
- An in-law child, while the in-law relationship exists.
- A child adopted by the parent pursuant to statute, other than an individual adopted after reaching 18 years of age.
- A foster child of a state-licensed foster parent.

A family home must have been the principal residence of the transferor and must continue or become the principal residence of the transferee within one year of the date of transfer or change in ownership. For real property that is sold or gifted, the date of recording of the deed is presumed to be the date of transfer or change in ownership. For real property that is inherited via trust, will, or intestate succession, date of death is the date of change in ownership. **For a family home, the transferee must file for the homeowners' or disabled veterans' exemption within one year of the date of transfer or change in ownership. If the exemption claim is filed after the one-year period, prospective relief may be available.**

A family farm is any real property that is under cultivation or being used for pasture or grazing, or that is used to produce any agricultural commodity. "Agricultural commodity" means any and all plant and animal products produced in this state for commercial purposes, including, but not limited to, plant products used for producing biofuels, and cultivated industrial hemp (Government Code section 51201).

If the assessed value of the family home or each legal parcel of a family farm 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. Beginning February 16, 2023, and every other February thereafter, the \$1 million amount will be adjusted by the percentage change in the Housing Price Index for California for the previous calendar year, as determined by the Federal Housing Finance Agency. For further information, please see the State Board of Equalization's website at [www.boe.ca.gov/prop19](http://www.boe.ca.gov/prop19).

Exclusion filing requirements:

- For a **family farm**, this claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor.
- For a **family home**, (1) this claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor; and (2) an eligible transferee must file for the homeowners' or disabled veterans' exemption within **one year** of the date of transfer or change in ownership.

This claim form is timely 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 issued as a result of the purchase or transfer for which this claim is filed.

If either claim is not timely filed, prospective relief may be available.

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-AH, *Claim for Reassessment Exclusion for Transfer Between Parent and Child*.**

**NOTE:** A county board of supervisors may 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.

**CLAIM FOR HOMEOWNERS' PROPERTY TAX EXEMPTION**

*If eligible, sign and file this form with the Assessor on or before February 15 or on or before the 30th day following the date of notice of supplemental assessment, whichever comes first.*



**EL DORADO COUNTY**  
**JON DEVILLE, ASSESSOR**  
 360 FAIR LANE  
 PLACERVILLE, CA 95667  
 TELEPHONE: 530-621-5732

**SEE INSTRUCTIONS BEFORE COMPLETING**

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

|  |  |
|--|--|
|  |  |
|--|--|

**FOR ASSESSOR'S USE ONLY**

Received \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Reason for denial \_\_\_\_\_

**PROPERTY DESCRIPTION**

Parcel No. \_\_\_\_\_  
 Address of dwelling \_\_\_\_\_  
 \_\_\_\_\_

Print your social security number and name here

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

Print co-owner's or spouse's social security number and name when this property is also his/her principal residence

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

**STATEMENTS**

This claim may be used to file for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. A new owner must file a claim even if the property is already receiving the homeowners' exemption. Please carefully read the information and instructions before answering the questions listed below.

1. When did you acquire this property? \_\_\_\_\_  
 (month/day/year)

2. Date you occupied this property as your principal residence (see instructions): \_\_\_\_\_  
 (month/day/year)

3. Do you own another property that is, or was, your principal place of residence in California? ☐ YES ☐ NO

If YES, please provide the address below, and the date you **MOVED OUT**, if no longer your principal place of residence:

Address: \_\_\_\_\_  
 Street address City Zip Code month/day/year

Only the owners or their spouses who occupy the above-described property (including a purchaser under contract of sale) or his or her legal representative may sign this claim. (If the property comprises more than one dwelling unit, other co-owner occupants may wish to file separate claims; however, only one exemption will be allowed per dwelling unit.)

**If you are buying this property under an unrecorded contract of sale and the Assessor does not have a copy of the contract, you must attach a copy to this claim.**

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.*

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| SIGNATURE OF OWNER-OCCUPANT<br>▶                         | DATE                            |
| SIGNATURE OF OCCUPANT'S SPOUSE OR CO-OWNER-OCCUPANT<br>▶ | DATE                            |
| EMAIL ADDRESS                                            | DAYTIME TELEPHONE NUMBER<br>( ) |

**IF YOU DO NOT OCCUPY THIS PARCEL AS YOUR PRINCIPAL RESIDENCE, PLEASE DISCARD THIS FORM.**

**If you occupy this parcel at a later date, contact the Assessor at that time.**

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

## GENERAL INFORMATION

California property tax laws provide two alternatives by which the Homeowners' Exemption, up to a maximum of \$7,000 of assessed value, may be granted.

**Alternative 1:** The exemption is available to an eligible owner of a dwelling which is occupied as the owner's principal place of residence as of 12:01 a.m., January 1 each year; or

**Alternative 2:** The exemption is available to an eligible owner of a dwelling subject to supplemental assessment(s) resulting from a change in ownership or completion of new construction on or after January 1, provided:

- (a) The owner occupies the property as his or her principal place of residence within 90 days after the change in ownership or completion of construction; and
- (b) The property is **not** already receiving the Homeowners' Exemption or another property tax exemption of greater value. If the property received an exemption of **lesser** value on the current roll, the difference in the amount between the two exemptions shall be applied to the Supplemental Assessment.

To help you determine your principal residence, consider (1) where you are registered to vote, (2) the home address on your automobile registration, and (3) where you normally return after work. If after considering these criteria you are still uncertain, choose the place at which you have spent the major portion of your time this year.

Filing for exemption under Alternative 2 will apply to the supplemental assessment(s), if any, and serve as filing for the exemption for the following fiscal year(s).

To obtain the exemption, the claimant must be an owner or co-owner or a purchaser named in a contract of sale. The dwelling may be any place of residence subject to property tax; a single-family residence, a structure containing more than one dwelling unit, a condominium or unit in a cooperative housing project, a houseboat, a manufactured home (mobilehome), land you own on which you live in a state-licensed trailer or manufactured home (mobilehome), and the cabana for such a trailer or manufactured home (mobilehome) are examples. A dwelling does not qualify for the exemption if it is, or is intended to be, rented, vacant and unoccupied, or the vacation or secondary home of the claimant. If you do not occupy this parcel as your principal residence, please discard this form.

If the Homeowners' Exemption is granted and the property later becomes ineligible for the exemption, you are responsible for notifying the Assessor of that fact immediately. Section 531.6 of the Revenue and Taxation Code provides for a **penalty of 25 percent of the escape assessment added for failure to notify the Assessor of the county where the property is located in a timely manner when property is no longer eligible for the exemption**. As a reminder, your tax bill, or copy, mailed by November 1 each year should be accompanied by a notice concerning ineligibility for the exemption.

**Once granted, the exemption remains in effect until terminated. Once terminated, a new claim form must be obtained from and filed with the Assessor to regain eligibility.**

### TIME FOR FILING

**Alternative 1:** The full exemption is available if the filing is made by 5 p.m. on February 15. If a claim is filed between February 16 and 5 p.m. on December 10, 80 percent of the exemption is available.

**Alternative 2:** The full exemption (up to the amount of the supplemental assessment), if any, is available providing the full exemption has not already been applied to the property on the regular roll or on a prior supplemental assessment for the same year. To be applied, the filing must be made by 5 p.m. on the 30th day following the Notice of Supplemental Assessment issued as a result of a change in ownership or completed new construction. If a claim is filed after the 30th day following the date of the Notice of Supplemental Assessment, but on or before the date on which the first installment of taxes on the supplemental tax bill becomes delinquent, 80 percent of the exemption available may be allowed. Thereafter, no exemption is available on the supplemental assessment.

## INSTRUCTIONS

If your name is printed on the form and you have sold the property, please send the form **at once** to the new owner. If someone else's name is printed on the form and you are now an owner of the property, or a purchaser under contract of sale, strike out the printed name and insert your own name, or add your name if you and the one whose name is printed are co-owners. Change the printed address if it is incorrect. If there are no entries printed on the form when you receive it, enter your full name and mailing address, including your zip code.

**ADDRESS OF THE DWELLING.** If the parcel number or the legal description of the property and the address of the dwelling are printed on the form, check to see that they are printed correctly and correct them if they are not. These entries identify the dwelling on which you claim the exemption.

If the dwelling has no street address, so state. **Do not enter a post office box number for the address of the dwelling.**

**TELEPHONE NUMBER.** Enter the telephone number where you can be reached during the day.

**SOCIAL SECURITY NUMBERS.** Enter social security numbers as directed. If you or your spouse do not have a social security number write "none" in the space provided. If you or your spouse do not have a social security number but you have a Medicare or Medi-Cal number, enter that number.

The disclosure of social security numbers is mandatory as required by Revenue and Taxation Code section 218.5 and Title 18, California Code of Regulations, section 135. (See Title 42 United State Code, section 405(c)(2)(C)(i), which authorizes the use of social security numbers for identification purposes in the administration of any tax.) The numbers are used by the Assessor to verify the eligibility of persons claiming the exemption and by the state to prevent multiple claims in different counties and to verify the eligibility of persons claiming income tax renter's credits. The numbers are also used by the State Department of Child Support Services for locating absent parents and locating property which is owned by persons who are delinquent in their support payments; and by the State Department of Social Services to identify persons who own homes that have not been reported, if required, to the County Welfare Department. If you do not enter your social security number as directed, it may result in a delay in processing your claim or disallowance of the exemption. As noted on the claim form, social security numbers are not subject to public inspection.

**STATEMENTS.** Please answer the applicable questions. The Assessor will allow the proper exemption(s).

**CERTIFICATION.** A guardian, executor, or other legal representative may sign on behalf of an incompetent or deceased owner by inserting his or her name and capacity on the signature line and the date of death if the owner is deceased.