EF-19-C-R01-0522-09000288-1

## BOE-19-C (P1) REV. 01 (05-22) CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



## EL DORADO COUNTY JON DEVILLE, ASSESSOR

360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719

County Assessor
Address
City, State, Zip Replacement Residence APN \_\_\_\_\_\_

City, State, Zip Replacen	nent Residend	e APN									
Section 2.1(b) of article XIII A of the California of east age 55 or severely and permanently disable esidence to a replacement primary residence residence has been filed with the priginal primary residence located in	oled or a victin located anywh Coun	n of a wildfi nere in Cali ty Assesso	ire or natu ifornia. Au or's Office	ural disa n applica . Since	aster to tra ation for a the claim	ansfer t a base ı involv	heir base year value es the tra	year e tran nsfer	value from an original pasfer to a replacement pasfer to base year value for	rimary rimary	
Please complete Section B of this form and retu	ırn it to our off	ice at the a	address a	bove.						_	
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION T	HAT WAS	PROVID	DED TO	THEAS	SESS	OR BY TH	HE CI	LAIMANT)		
Applicant Name:					Application Date:						
Situs Address of Property Sold:				City:							
County:				Assessor's Parcel/ID Number:							
Sale Price:				Date of Sale:							
B. REQUESTED INFORMATION										_	
Confirmation of Sale Price:			Cor	Confirmation of Date of Sale:							
Recorder's Document Number:			Dat	Date of Recording:							
otal Property FBYV (prior to sale): \$			Roll	Roll Year (year-year):						_	
Total Land FBYV: \$	Land Base Yea	ır:	Total Impre	ovement l	FBYV: \$			1	lmp Base Year:		
Fair Market Value at Time of Sale:							Multip	ple Bas	se Year (attach explanation)		
Total Land Value: \$					Total Improvement Value: \$						
Was entire property used as a primary residence?  Yes No				Property description, if other than primary residence:							
no, FMV allocated to primary residence:  Land FMV  \$				Improvement FMV \$							
Was the property eligible for exemption? Yes	No If n	o, the receivi	ing county	must requ	uest proof o	f resider	ncy from the	claima	ant.	_	
Did the applicant's name appear as an assessee immed	liately prior to the	e above-refer	renced trans	sfer?	Yes [	No					
For this applicant, has your county previously granted a	•	transfer for a	age or disa	bility purs	suant to Sec	ction 2.1	article XIII	A (Prop	p 19)?	_	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTRO	YED BY DIS	ASTER FO	R WHICH	H THE GOV	/ERNOF	DECLARE	D A S	TATE OF EMERGENCY	_	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the property sold in its damaged state? Yes No					о О	
Fair Market Value immediately prior to disaster:	larket Value immediately prior to disaster: Factored Base Year Value (prior to c				aster): Roll Year (year-year):						
Land Factored Base Year Value (prior to disaster): \$		Im	nprovement	Factored	l Base Year	Value (	orior to disa	ster): \$	5	_	
Was the property eligible for exemption? Yes	No If	no, the recei	ving county	must red	quest proof	of reside	ency from th	e claim	nant.	_	
Did the applicant's name appear as an assessee imme	diately prior to th	ne above-refe	erenced trar	nsfer?	Yes [	No	)				
Name of Contact:					PROVIDED BY: Email Address:						
County Assessor's Office:				Phone Number:							
	CERTIFICA	TION OF '	VALUE F	REQUE	STED B	<b>Y</b> :				_	
Name of Contact:		Email Addre	ess:				Phone Num	nber:			