EF-19-C-R01-0522-23000194-1

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



MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

Katrina Bartolomie

County Assessor							
Address City, State, Zip	Replacement Residence APN						

Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disables idence to a replacement primary residence lesidence has been filed with the poriginal primary residence located in	led or a vic ocated any Cou	tim of a wildf	fire or na lifornia. <i>A</i> or's Offic	itural di An appl e. Sinc	saster to tra ication for a e the claim	ansfer t a base involve	heir base year value es the tra	year e tran nsfer	value from sfer to a of a base	m an origina replaceme	al primary
Please complete Section B of this form and retu					O THE AS	0000	D DV TL	IF C	I A IN 4 A N I	Γ\	
A. ORIGINAL PRIMARY RESIDENCE (INFO	RIVIATION	I I HA I WAS		plication		SE35(JRBYIF	1E C	LAIMAN	1)	
Applicant Name.				Application Bute.							
Situs Address of Property Sold:				City:							
County:				Assessor's Parcel/ID Number:							
Sale Price:				Date of Sale:							
B. REQUESTED INFORMATION											
Confirmation of Sale Price:				Confirmation of Date of Sale:							
Recorder's Document Number:				Date of Recording:							
otal Property FBYV (prior to sale): \$				oll Year (year-year):						
Total Land FBYV: \$	Land Base Y	ear:	Total Imp	Improvement FBYV: \$ Imp E					mp Base Y	ear:	
Fair Market Value at Time of Sale:			I				Multip	ple Bas	se Year (at	tach explanat	ion)
Total Land Value: \$				Total Improvement Value: \$							
Was entire property used as a primary residence? Yes No				Property description, if other than primary residence:							
If no, FMV allocated to primary residence:	and FMV			Improvement FMV \$							
Was the property eligible for exemption? Yes] No	f no, the receiv	ring county	/ must re	quest proof o	f resider	cy from the	claima	ant.		
Did the applicant's name appear as an assessee immed	iately prior to	the above-refe	renced trai	nsfer?	Yes	No					
For this applicant, has your county previously granted a Yes No If yes , what is the date of ex	,	ue transfer for	age or dis	ability pu	ırsuant to Sec	ction 2.1	article XIII	A (Prop	o 19)?		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM				OR WHI							
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No									he property ged state?	Yes Yes	No
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (prior to dis	saster):	Roll Year (ye	ear-year)					
Land Factored Base Year Value (prior to disaster): \$	•	In	nprovemer	ment Factored Base Year Value (prior to disaster): \$							
Was the property eligible for exemption? Yes	No	If no, the recei	iving count	ty must r	equest proof	of reside	ncy from th	e claim	nant.		
Did the applicant's name appear as an assessee immediate	diately prior to	the above-refe	erenced tra	ansfer?	Yes	No					
Name of Contact:	CERTIFI	CATION OF	VALUE		/IDFD BY: Address:						
County Assessor's Office:				Phone	Number:						
	CERTIFIC	ATION OF	VALUE	REQU	ESTED BY	/ :					
Name of Contact:		Email Addr					Phone Num	nber:			