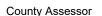
EF-19-C-R01-0522-30000417-1 BOE-19-C (P1) REV. 01 (05-22) CERTIFICATION OF VALUE BY ASSESSOR FOR **BASE YEAR VALUE TRANSFER**



Address

City, State, Zip

www.ocassessor.gov Replacement Residence APN _

Section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows a homeowner who is at least age 55 or severely and permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. An application for a base year value transfer to a replacement primary residence has been filed with the ______ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence has been filed with the ______ County Assessor's Office. original primary residence located in County, we are requesting the following information from your office.

Please complete Section B of this form and return it to our office at the address above.

| Application Date: | | |
|--|------------------|--|
| City: | | |
| Assessor's Parcel/ID Number: | | |
| | | |
| Date of Sale: | | |
| | | |
| nation of Date of Sale: | | |
| | | |
| Date of Recording: | | |
| Roll Year (year-year): | | |
| ement FBYV: \$ | | Imp Base Year: |
| | Multiple | Base Year (attach explanation) |
| al Improvement Value: \$ | | |
| Property description, if other than primary residence: | | |
| Improvement FMV \$ | | |
| st request proof of residen | ncy from the c | laimant. |
| r? Yes No | | |
| ty pursuant to Section 2.1 | article XIII A | (Prop 19)? |
| WHICH THE GOVERNOR | | A STATE OF EMERGENCY |
| Type of disaster (if ap | | /as the property sold in its amaged state? Yes No |
| er): Roll Year (year-year) | : | |
| ctored Base Year Value (p | prior to disaste | er): \$ |
| ust request proof of reside | ency from the | claimant. |
| er? 🗌 Yes 🗌 No | 1 | |
| | | |
| Email Address: | | |
| Phone Number: | | |
| QUESTED BY: | | |
| Phone Number: | | er: |
| 1 | | |
| | | |

A ORIGINAL PRIMARY RESIDENCE (INFORMATION THAT WAS PROVIDED TO THE ASSESSOR BY THE CLAIMANT)

Claude Parrish

P. O. Box 22000

(714) 834-2746

or

Orange, CA 92868-4512

Santa Ana, CA 92702-2000

Orange County Assessor

500 S. Main Street, First Floor, Suite 103