## CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor Address

City, State, Zip 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.

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

A. ORIGINAL PRIMARY RESIDENCE (INFORMATION TH	AT WAS	PROVIDE	D TO THE AS	SESSO	R BY THE	CLAIMANT)	
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:			Confirmation of Date of Sale:				
Recorder's Document Number:			Date of Recording:				
Total Property FBYV (prior to sale): \$			Roll Year (year-year):				
Total Land FBYV: \$ Land Base Year:		Total Improv	ement FBYV: \$			Imp Base Year:	
Fair Market Value at Time of Sale:					Multip	ble Base Year (attach explanation)	
Total Land Value: \$			Total Improvement Value: \$				
Was entire property used as a primary residence? Yes No	wn Prope	Property description, if other than primary residence:					
If no, FMV allocated to primary residence: Land FMV \$		I		Improve \$	ment FMV		
Was the property receiving an exemption? Yes No HOX DVX If no, the receiving county must request proof of residency from the claimant.							
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? Yes No							
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYE	D BY DISA	ASTER FOR	WHICH THE GO	VERNOR	DECLARE	D A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	Date of disaster (if applicable):		Type of dis	Type of disaster (if applicable):		Was the property sold in its damaged state? Yes No	
Fair Market Value immediately prior to disaster:       Factored Base Ye         \$       \$	ear Value (p	prior to disast	ter): Roll Year ( <u>)</u>	Roll Year (year-year):			
			nent Factored Base Year Value (prior to disaster): \$				
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.							
Did the applicant's name appear as an assessee immediately prior to the	above-refer	renced transf	fer? 🗌 Yes	No			
COMMENTS:							

CERTIFICATION OF VALUE PROVIDED BY:							
Name of Contact:		Email Address:					
County Assessor's Office:		Phone Number:					
CERTIFICATION OF VALUE REQUESTED BY:							
Name of Contact:	Email Address:		Phone Number:				



Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746 www.ocassessor.gov

STATE OF CONTRACTOR