EF-19-C-R01-0522-09000341-1

## 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 Replacer	nent reside	ence Ai N										
Section 2.1(b) of article XIII A of the California east age 55 or severely and permanently disal residence to a replacement primary residence esidence has been filed with the original primary residence located in	oled or a vic located any Co	tim of a wildf where in Cal	fire or na lifornia. or's Offi	atural di An app ce. Sind	isaster to tra lication for a ce the claim	ansfer tha base y involve	neir base year value es the tra	year v e trans nsfer c	alue fron fer to a r of a base	n an origina eplacemer	al primary nt primary	
Please complete Section B of this form and ret												
A. ORIGINAL PRIMARY RESIDENCE (INFO	ORMATION	N THAT WAS	S PROV	/IDED 1	TO THE AS	SESSC	OR BY TH	HE CL	AIMANT	)		
Applicant Name: Applicant Name:					pplication 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:					on 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: Tota			Improvement FBYV: \$				Im	np Base Ye	ear:		
Fair Market Value at Time of Sale:							Multip	ple Base	e Year (atta	ach explanati	on)	
Total Land Value: \$			Т	otal Improvement Value: \$								
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:							
in the, i this and dated to primary recidence.	Land FMV				Improvement FMV   \$							
Was the property eligible for exemption? Yes	No	If no, the receiv	ing coun	ty must re	equest proof o	of residen	cy from the	claimar	nt.			
Did the applicant's name appear as an assessee immed	diately prior to	the above-refe	renced tr	ansfer?	Yes [	No						
For this applicant, has your county previously granted a	base year va	lue transfer for	age or di	isability p	ursuant to Sec	ction 2.1	article XIII	A (Prop	19)?			
Yes No If yes, what is the date of ex	clusion?											
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTI	ROYED BY DIS	SASTER	FOR WH	ICH THE GOV	VERNOR	DECLARE	D A ST	ATE OF E	MERGENCY		
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 N						] No	
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (	(prior to d	lisaster):	Roll Year (ye	ear-year):						
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	ent Factor	red Base Year	r Value (p	rior to disa	ster): \$				
Was the property eligible for exemption? Yes	No	If no, the recei	iving coul	nty must	request proof	of resider	ncy from th	e claima	ant.			
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	erenced t	ransfer?	Yes	No						
Name of Contact:	CERTIFI	CATION OF	VALU	1	VIDED BY: I Address:						<u> </u>	
County Assessor's Office:				Phone	e Number:							
	CERTIFIC	ATION OF	VALUE	REQU	JESTED B	Y:						
Name of Contact:		Email Addr					Phone Num	nber:				