EF-19-C-R01-0522-13000329-1

County Assessor

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



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

Address										
y, State, Zip Replacement Residence APN										
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disal residence to a replacement primary residence residence has been filed with the original primary residence located in	oled or a victir located anywl Coun	m of a wild here in Ca ity Assesso	fire or na lifornia. or's Offi	atural d An app ce. Sind	isaster to tra	ansfer t a base n involv	heir base year valu es the tra	year e trar insfer	value from an original primar nsfer to a replacement primar of a base year value from a	
Please complete Section B of this form and retu	ırn it to our of	fice at the	address	above.						
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION T	THAT WAS	S PROV	IDED 1	TO THE AS	SESS	OR BY TH	HE C	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:						
otal Property FBYV (prior to sale): \$				Roll Year (year-year):						
Total Land FBYV: \$	\$ Land Base Year: Total Im				mprovement FBYV: \$ Imp Base Year:					
Fair Market Value at Time of Sale:							Multi	ple Ba	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:					
If no, FMV allocated to primary residence: Land FMV \$					Improvement FMV \$					
Was the property eligible for exemption? Yes	No If r	no, the receiv	ving count	y must re	equest proof o	of resider	cy from the	e claim	nant.	
Did the applicant's name appear as an assessee immed	liately prior to th	e above-refe	erenced tra	ansfer?	Yes	No				
For this applicant, has your county previously granted a Yes No If yes, what is the date of ex-	•	e transfer for	age or di	sability p	ursuant to Se	ction 2.1	article XIII	A (Pro	pp 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM		VED BY DIS	PACTED I	OD WU	ICH THE CO	/EDNOB	DECLAR	-D A S	ETATE OF EMERCENCY	
Vas property substantially damaged or destroyed by a Covernor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the				the property sold in its ged state? Yes No	
Fair Market Value immediately prior to disaster:	er: Factored Base Year Value (prior to disas				aster): Roll Year (year-year):					
•					t Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption?	No If	no, the rece	iving cour	nty must	request proof	of reside	ncy from th	ne clair	mant.	
Did the applicant's name appear as an assessee imme	diately prior to th	he above-ref	erenced t	ransfer?	Yes	No	1			
Name of Contact:					PROVIDED BY: Email Address:					
County Assessor's Office:				Phone Number:						
CERTIFICATION OF VALUE					REQUESTED BY:					
Name of Contact:		Email Addı	ress:				Phone Nun	nber:		