CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Kristine Lee Kings County Assessor 1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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.

Applicant Name:		Application Date:	Application Date:		
Situs Address of Property Sold:		City:	City:		
County:		Assessor's Parcel/ID Number:	Assessor's Parcel/ID Number:		
Sale Price:		Date of Sale:	Date of Sale:		
	ON (TO BE COMPLETED BY THE		ORIGINAL PRIMARY RESIDENCE)		
Confirmation of Sale Price:		Confirmation of Date of Sale:	Confirmation of Date of Sale:		
Recorder's Document Number:		Date of Recording:	Date of Recording:		
Total Property FBYV (prior to sale): \$		Roll Year (year-year):			
Total Land FBYV: \$	Land Base Year:	Total Improvement FBYV: \$	Imp Base Year:		
Fair Market Value at Time of Sale:		1	Multiple Base Year (attach explanation)		

Market Value at Time of Sale:	Multiple Base Year (attach explanation)

Total Land Value: \$		Total Improvement Value: \$		
Was entire property used as a primary residence?] Yes 🗌 No 🗌 Unknown	Property description, if	other than primary residence:	
If no, FMV allocated to primary residence:	Land FMV \$	•	Improvement 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 DAM	AGED/DESTROY	ED BY [DISASTER FOR WH	ICH THE GOVERNOR DECLAR	ED A STATE OF EMERGENCY
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	Date of disaster (if applicable):		Type of disaster (if applicable):	Was the property sold in its damaged state? Yes No	
Fair Market Value immediately prior to disaster: \$	Factored Base Year Value (prior to disaster):		Roll Year (year-year):		
Land Factored Base Year Value (prior to disaster): \$		Improvement Factored Base Year Value (prior to disaster): \$			
Was the property eligible for exemption? Yes	No If no	o, the re	ceiving county must	request proof of residency from t	he claimant.
Did the applicant's name appear as an assessee imme	diately prior to the	above-r	eferenced transfer?	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:	