EF-19-C-R01-0522-17000373-1

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

County Assessor

Address

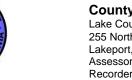
City, State, Zip

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. An application for a base year value transfer to a replacement primary residence located anywhere in California. Since the claim involves the transfer of a base year value from an 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.

A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION THAT	WAS PRC	VIDED	TO THE AS	SESSC	OR 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 I	Total Improvement FBYV: \$				Imp Base Year:	
Fair 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				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 no, the	receiving cou	inty must re	equest proof o	f residen	cy from the cla	imant.	
Did the applicant's name appear as an assessee imm	ediately prior to the abov	e-referenced	transfer?	Yes	No			
For this applicant, has your county previously granted Yes No If yes, what is the date of	-	er for age or	disability p	ursuant to Sec	ction 2.1	article XIII A (P	rop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTROYED B		R FOR WH	ICH THE GO	/ERNOR	DECLARED A	STATE OF EMERGENCY	
Vas property substantially damaged or destroyed by a Date of disaster (if applicable): Governor-proclaimed disaster? Yes No				Type of disaster (if applicable): Was the property sold in its damaged state? Yes				
Fair Market Value immediately prior to disaster:	Factored Base Year V \$	alue (prior to	to disaster): Roll Year (year-y					
Land Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$								
Was the property eligible for exemption?	No If no, the	e receiving co	unty must	request proof	of reside	ncy from the cl	aimant.	
Did the applicant's name appear as an assessee imm	nediately prior to the above	ve-referenced	transfer?	Yes [No			
Name of Contact:	CERTIFICATION	N OF VALI	1	VIDED BY: Address:				
			Emai	I Address:				
County Assessor's Office:				Phone Number:				
	CERTIFICATION	OF VALU	E REQL	JESTED B	Y:			
Name of Contact:	Emai	I Address:				Phone Number		



Richard Ford County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

