EF-19-C-R01-0522-20000308-1

County Assessor

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



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

Address												
City, State, Zip Replacen	nent Reside	nce APN										
Section 2.1(b) of article XIII A of the California (least age 55 or severely and permanently disabresidence to a replacement primary residence residence has been filed with the original primary residence located in	led or a vic ocated any Cou	tim of a wild	fire or na lifornia. or's Offic	atural di An app ce. Sind	saster to tr lication for e the clain	ansfer t a base n involve	heir base year value es the tra	year e tran nsfer	value from sfer to a r of a base	n an origina eplacemer	al primary nt primary	
Please complete Section B of this form and retu	ırn it to our	office at the	address	above.								
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION	THAT WAS	S PROV	IDED 1	O THE AS	SESS	OR BY TH	HE CI	LAIMANT	·)		
Applicant Name: Appl					oplication Date:							
Situs Address of Property Sold: Cit					ty:							
County: As:					ssessor's Parcel/ID Number:							
Sale Price: Da					ate of Sale:							
B. REQUESTED INFORMATION												
onfirmation of Sale Price:				confirmation of Date of Sale:								
Recorder's Document Number:				Date of Recording:								
tal Property FBYV (prior to sale): \$					Roll Year (year-year):							
Total Land FBYV: \$	Land Base Year: Total I			mprovement FBYV: \$				Imp Base Year:				
Fair Market Value at Time of Sale:							Multip	ple Bas	se Year (atta	ach explanati	on)	
Total Land Value: \$ Total					otal Improvement Value: \$							
Was entire property used as a primary residence? Yes No					roperty description, if other than primary residence:							
ii iio, i iviv allocated to primary residence.	allocated to primary residence: Land FMV \$					Improvement FMV \$						
Was the property eligible for exemption? Yes] No I	f no, the receiv	ing count	y must re	equest proof	of resider	ncy from the	claima	ant.			
Did the applicant's name appear as an assessee immed	iately prior to	the above-refe	erenced tra	ansfer?	Yes	No						
For this applicant, has your county previously granted a	base year val	lue transfer for	age or dis	sability p	ursuant to Se	ection 2.1	article XIII	A (Prop	19)?			
Yes No If yes, what is the date of ex	clusion?											
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTF	ROYED BY DIS	SASTER F	OR WH	CH THE GO	VERNOR	DECLARE	DAS	TATE OF EI	MERGENCY		
property substantially damaged or destroyed by a ernor-proclaimed disaster? Yes No					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 disas \$				aster): Roll Year (year-year):							
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	nt Factor	ed Base Yea	r Value (p	orior to disa	ster): \$	i			
Was the property eligible for exemption? Yes] No	If no, the rece	iving cour	nty must	equest proof	of reside	ency from th	e claim	nant.			
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	erenced tr	ansfer?	Yes	No	1					
Name of Contact:	CERTIFI	CATION OF	VALU		/IDFD BY Address:	•						
				Linai	Address.							
County Assessor's Office:					Phone Number:							
	CERTIFIC	ATION OF	<u>VALU</u> E	REQU	ESTED B	Y:					<u> </u>	
Name of Contact:		Email Addr	ress:				Phone Num	nber:				