EF-19-C-R01-0522-22000303-1

County Assessor

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



## Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

| Address  |  |  |  |  |                                 |                                       |   |  |
|--|--|--|--|--|---------------------------------|---------------------------------------|---|--|
| City, State, Zip Replacer  | nent Residence Af                                      | PN   |  |  |                                 |                                       |   |  |
| 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 victim of a<br>located anywhere<br>County As | a wildfire or<br>in Californi<br>ssessor's C | r natural d<br>ia. An apր<br>Ͻffice. Sin | disaster to tra<br>plication for a   | ansfer tha<br>base y<br>involve | neir base<br>vear values<br>s the tra | year value from an original primar<br>e transfer to a replacement primar<br>nsfer of a base year value from a |  |
| Please complete Section B of this form and ret   |  |  | -  | =  | om                              |                                       | yeur emee.  |  |
| A. ORIGINAL PRIMARY RESIDENCE (INFO  |  |  |  |  | SESSO                           | R BY TH                               | HE CLAIMANT)  |  |
| Applicant Name:  | -  |  | Application                              |  |                                 |                                       | - ,   |  |
|  |  |  | ''                                       |  |                                 |                                       |   |  |
| Situs Address of Property Sold:  |  |  | City:                                    | City:  |                                 |                                       |   |  |
| County:  |  |  | Assessor                                 | Assessor's Parcel/ID Number:   |                                 |                                       |   |  |
| Sale Price:  |  |  | Date of S                                | Date of Sale:  |                                 |                                       |   |  |
| B. REQUESTED INFORMATION   |  |  |  |  |                                 |                                       |   |  |
| Confirmation of Sale Price:  |  |  | Confirma                                 | Confirmation of Date of Sale:  |                                 |                                       |   |  |
| Recorder's Document Number:  |  |  | Date of F                                | Date of Recording:   |                                 |                                       |   |  |
| otal Property FBYV (prior to sale): \$   |  |  | Roll Year                                | Roll Year (year-year):   |                                 |                                       |   |  |
| Total Land FBYV: \$  | Land Base Year:  | Total  | I Improveme                              | provement FBYV: \$ Imp Base Year:  |                                 |                                       |   |  |
| Fair Market Value at Time of Sale:   |  |  |  |  |                                 | Multip                                | ole 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:                               |                                 |                                       |   |  |
| ii iio, i iiiv anocatea to primary reciaerico.   | and FMV  |  | Improvement FMV   \$                     |  |                                 |                                       |   |  |
| Was the property eligible for exemption? Yes   | No If no, the  | e receiving co                               | ounty must                               | request proof o  | f residen                       | cy from the                           | claimant.   |  |
| Did the applicant's name appear as an assessee imme  | diately prior to the abo                               | ove-reference                                | d transfer?                              | Yes  | No                              |                                       |   |  |
| For this applicant, has your county previously granted a Yes No If yes, what is the date of each   | •  | sfer for age o                               | or disability <sub>l</sub>               | pursuant to Sec  | ction 2.1 a                     | article XIII /                        | A (Prop 19)?  |  |
| PRINCIPAL RESIDENCE SUBSTANTIALLY DAN  | AGED/DESTROYED   | BY DISASTE                                   | R FOR WI                                 | HICH THE GOV   | /FRNOR                          | DECLARE                               | D A STATE OF EMERGENCY  |  |
| Nas property substantially damaged or destroyed by a Covernor-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):   |                                 |                                       |   |  |
| ·  |  |  |  | t Factored Base Year Value (prior to disaster): \$                                   |                                 |                                       |   |  |
| Was the property eligible for exemption?   |  |  |  | request proof  |                                 | ncy from th                           | e claimant.   |  |
| Did the applicant's name appear as an assessee imme  | diately prior to the abo                               | ove-reference                                | ed transfer?                             | Yes  | No                              |                                       |   |  |
| Name of Contact:   | CERTIFICATIO   | ON OF VAL                                    |  | OVIDED BY:<br>ail Address:   |                                 |                                       |   |  |
| County Assessor's Office:  |  |  |  | Phone Number:  |                                 |                                       |   |  |
|  | CERTIFICATION  | N OF VAL                                     | UE REQ                                   | UESTFD RY  | Y:                              |                                       |   |  |
| Name of Contact:   |  | ail Address:                                 |  |  |                                 | Phone Num                             | nber:   |  |
| 2  |  |  |  |  |                                 |                                       |   |  |