EF-19-C-R01-0522-23000261-1

County Assessor

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



MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

Katrina Bartolomie

Address		454									
City, State, Zip Replacen	nent Reside	ence APN									
Section 2.1(b) of article XIII A of the California (least age 55 or severely and permanently disable residence to a replacement primary residence residence has been filed with the coriginal primary residence located in	oled or a vic located any Co	tim of a wild where in Ca	fire ór r ilifornia. or's Off	natural di . An appl fice. Sinc	saster to traication for a claim	ansfer to a base to n involve	heir base year value es the trai	year value transfer t nsfer of a	from an o a repla base yea	original primary	
Please complete Section B of this form and retu	ırn it to our	office at the	addres	s above.							
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION	THAT WAS	S PRO	VIDED T	O THE AS	SESSO	OR BY TH	IE CLAIM	ANT)		
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 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			Improvement FBYV: \$				Imp Base Year:			
Fair Market Value at Time of Sale:							Multip	ole Base Yea	ır (attach ex	xplanation)	
Total Land Value: \$				Total Improvement Value: \$							
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:						
in no, i wiv anocatou to primary recidence.	Land FMV				Improvement FMV \$						
Was the property eligible for exemption? Yes	No	If no, the receiv	ving cour	nty must re	equest proof	of residen	cy from the	claimant.			
Did the applicant's name appear as an assessee immed	liately prior to	the above-refe	erenced t	transfer?	Yes	☐ No					
For this applicant, has your county previously granted a	base year va	lue transfer for	age or d	disability p	ursuant to Se	ction 2.1	article XIII A	A (Prop 19)?			
Yes No If yes, what is the date of ex	clusion?										
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DEST	ROYED BY DIS	SASTER	FOR WHI	CH THE GO	VERNOR	DECLARE	D A STATE	OF EMERO	SENCY	
s 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 Ba	se Year Value	disaster):	: Roll Year (year-year):							
					ent Factored Base Year Value (prior to disaster): \$						
Was the property eligible for exemption? Yes	No	If no, the rece	iving cou	unty must i	equest proof	of reside	ncy from the	e claimant.			
Did the applicant's name appear as an assessee imme	diately prior to	the above-ref	erenced	transfer?	Yes	No					
Name of Contact:	CERTIFI	CATION OF	VALU		/IDFD BY: Address:						
County Assessor's Office:					Phone Number:						
	CERTIFIC	ATION OF	VALUE	E REQU	ESTED B						
Name of Contact:		Email Addı	ress:				Phone Num	ber:			