EF-19-C-R01-0522-25000295-1

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



Kristen DePaul **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

County Assessor Address С

City, State, Zip Replacer	nent Reside	ence APN							
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 vio located any Co	ctim of a wild where in Ca ounty Assesso	fire or r lifornia. or's Off	natural di . An app fice. Sind	saster to tra lication for a se the claim	ansfer t a base ı involv	heir base year valu es the tra	year e tran nsfer	value from an original primary sfer to a replacement primary of a base year value from an
Please complete Section B of this form and ret	urn it to our	office at the	addres	s above.					
A. ORIGINAL PRIMARY RESIDENCE (INFO	ORMATION	N THAT WAS	S PRO	VIDED 1	O THE AS	SESS	OR BY TH	HE C	LAIMANT)
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:					
otal Property FBYV (prior to sale): \$				Roll Year (year-year):					
Total Land FBYV: \$	and FBYV: \$ Land Base Year: Total				Improvement FBYV: \$ Imp Base Year:				
Fair Market Value at Time of Sale:							Multi	ple Ba	se 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 allocatoa to primary reciacitos.	Land FMV				Improvement FMV \$				
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.									
Did the applicant's name appear as an assessee immed	diately prior to	the above-refe	erenced t	transfer?	Yes [No			
For this applicant, has your county previously granted a	base year va	alue transfer for	age or c	disability p	ursuant to Se	ction 2.1	article XIII	A (Pro	p 19)?
Yes No If yes, what is the date of ex	clusion?								
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DEST	ROYED BY DIS	SASTER	FOR WH	CH THE GOV	VERNOR	DECLARE	D A S	TATE OF EMERGENCY
Was property substantially damaged or destroyed by a Governor-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	ase Year Value	(prior to	disaster):	Roll Year (ye	ear-year)	:		
and Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$									5
Was the property eligible for exemption?	No	If no, the rece	iving cou	unty must	request proof	of reside	ency from th	e clain	nant.
Did the applicant's name appear as an assessee imme					Yes	No	1		
Name of Contact:	CERTIF	ICATION OF	VALU	- 1	Address:				
County Assessor's Office:				Phone	Number:				
	CERTIFIC	CATION OF	VALUI	E REQU	ESTED B	Y:			
Name of Contact:		Email Addı			_		Phone Nun	nber:	