EF-19-C-R01-0522-25000270-1 BOE-19-C (P1) REV. 01 (05-22) CERTIFICATION OF VALUE BY ASSESSOR FOR **BASE YEAR VALUE TRANSFER**



City, State, Zip

Address

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 has been filed with the ______ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence has been filed with the ______ County Assessor's Office. 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 TH	HAT WAS P	ROVIDED	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:		tal 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	county must	request proof o	of residen	cy from the cla	aimant.	
Did the applicant's name appear as an assessee imme	diately prior to the	above-referen	ced transfer?	Yes	No			
For this applicant, has your county previously granted a	-	transfer for age	e or disability 	pursuant to Se	ection 2.1	article XIII A (F	Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTROY	ED BY DISAS	TER FOR W	HICH THE GO	VERNOR	DECLARED	A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No							as the property sold in its maged state? Yes	No
Fair Market Value immediately prior to disaster: \$	Factored Base Year Value (prior to \$			r): Roll Year (year-year):				
Land Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$								
Was the property eligible for exemption? Yes	No If n	o, the receiving	g county mus	t request proof	of reside	ncy from the c	laimant.	
Did the applicant's name appear as an assessee imme	ediately prior to the	e above-referer	nced transfer	? 🗌 Yes	No No			
Name of Contact:	CERTIFICA	TION OF V						
			Em	ail Address:				
County Assessor's Office:				Phone Number:				
	CERTIFICAT	ION OF VA		UESTED B	Y:			_
Name of Contact:		Email Address				Phone Numbe	r:	



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