EF-19-C-R03-0524-25000044-1 BOE-19-C (P1) REV. 03 (05-24)

## **CERTIFICATION OF VALUE BY ASSESSOR** FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip



## 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

City, State, Zip	City, State, Zip Replacement Residence APN				
Section 2.1(b) of article XIII A of the California Constitution, in who is at least age 55 or severely and permanently disabled or a original primary residence to a replacement primary residence local Please complete Section B of this form and return it to our office a	a victim of ated anyw	a wildfire here in Ca	or natural dis alifornia.	cation Code saster to trai	section 69.6, allows a homeownernsfer their base year value from an
A. ORIGINAL PRIMARY RESIDENCE (TO BE COMPLETED E	BY THE R	EQUESTI	NG ASSESS	OR WITH IN	IFORMATION FROM 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 (TO BE COMPLETED BY TH	E ASSES	SOR FROI	M COUNTY (	OF ORIGINA	AL PRIMARY RESIDENCE)
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:	Total	Improvement FBYV: \$			Imp Base Year:
Fair Market Value at Time of Sale:	<u> </u>			М	ultiple Base Year (attach explanation)
Total Land Value: \$			Total Improvement Value: \$		
Was entire property used as a primary residence? Yes No Unknown			Property description, if other than primary residence:		
If no, FMV allocated to primary residence:  Land FMV \$		Improvement FMV \$			MV
Was the property receiving an exemption? Yes No HOX	DVX	If no, the re	ceiving county r	must request p	proof of residency from the claimant.
Did the applicant's name appear as an assessee immediately prior to the above	e-referenced	transfer?	Yes	No	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY	Y DISASTE	R FOR WHIC	CH THE GOVE	RNOR DECLA	RED A STATE OF EMERGENCY
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	ster (if applicable):		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 Va \$	alue (prior to	o disaster):	Roll Year (year	-year):	
Land Factored Base Year Value (prior to disaster): \$	Improver	ment Factore	ed Base Year Va	alue (prior to d	isaster): \$
Was the property eligible for exemption?	receiving co	ounty must re	equest proof of	residency from	the claimant.
Did the applicant's name appear as an assessee immediately prior to the above	e-referenced	d transfer?	Yes	No	
COMMENTS:					
CERTIFICATION	OF VAL	UE PROV	IDED BY:		
Name of Contact:		Email	Address:		
County Assessor's Office:		Phone	Number:		
CERTIFICATION	OF VALU	JE REQUI	ESTED BY:		_
Name of Contact: Email	Address:			Phone N	lumber:

