EF-19-C-R01-0522-26000354-1

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



PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Barry Beck, Assessor

Fax: 760-932-5511

Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

Mono County Office of the Assessor

County Assessor Address

Replacement Residence APN

City, State, Zip Replace	ment Reside	ence APIN							
Section 2.1(b) of article XIII A of the California east age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the primary residence located in	bled or a vic located any Co	ctim of a wildtowhere in Calunty Assesso	fire or na lifornia. or's Offi	atural disaster to tr An application for	ransfer t a base n involv	their base year valuees the tra	year v e trans insfer	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 ref	turn it to our	office at the	address	above.					
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION	N THAT WAS	S PROV	IDED TO THE AS	SSESS	OR BY TH	HE CL	_AIMANT)	
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:			C	Confirmation of Date of Sale:					
ecorder's Document Number:			С	Date of Recording:					
otal Property FBYV (prior to sale): \$			R	Roll Year (year-year):					
Total Land FBYV: \$	Land Base \	Year:	Total Im	provement FBYV: \$			Ir	mp Base Year:	
Fair Market Value at Time of Sale:						Multi	ple Bas	e Year (attach explanation)	
Total Land Value: \$	tal Improvement Value: \$								
Was entire property used as a primary residence? Yes No				Property description, if other than primary residence:					
in the, i title allocated to primary recidence.	Land FMV				Improvement FMV \$				
Was the property eligible for exemption? Yes	☐ No	If no, the receiv	ring count	ty must request proof	of reside	ncy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	renced tra	ansfer? Yes	No				
For this applicant, has your county previously granted	a base year va	lue transfer for	age or di	sability pursuant to Se	ection 2.1	article XIII	A (Prop	19)?	
Yes No If yes, what is the date of e	exclusion?								
PRINCIPAL RESIDENCE SUBSTANTIALLY DAI	MAGED/DEST	ROYED BY DIS	SASTER	FOR WHICH THE GO	VERNOR	R DECLARE	ED A ST	TATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No				Type of disa	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 d	lisaster): Roll Year (y	/ear-year)):			
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	ent Factored Base Yea	ar Value (prior to disa	ster): \$		
Was the property eligible for exemption?	☐ No	If no, the rece	iving cour	nty must request proof	f of reside	ency from th	ne claim	ant.	
Did the applicant's name appear as an assessee imm	ediately prior to	o the above-refe	erenced t	ransfer? Yes	No)			
Name of Contact:	Email Address:								
County Assessor's Office:				Phone Number:	Phone Number:				
	CERTIFIC	CATION OF	VALUE	REQUESTED B	Y:				
Name of Contact:		Email Addr	ess:			Phone Nun	nber:		