EF-19-C-R01-0522-29000435-1

Address

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



Rolf D. Kleinhans **Nevada County Assessor**

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

BASE YEAR VALUE TRANSFER	
County Assessor	

City, State, Zip Replace	State, Zip Replacement Residence APN									
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently discresidence to a replacement primary residence residence has been filed with the original primary residence located in	abled or a vice located any Co	ctim of a wild where in Ca	fire or i lifornia or's Of	natural o ı. An apı ffice. Sir	disaster to tr plication for nce the clain	ansfer t a base n involv	heir base year valu es the tra	year value from an original primary e transfer to a replacement primary nsfer of a base year value from an		
Please complete Section B of this form and re										
A. ORIGINAL PRIMARY RESIDENCE (INF	FORMATIO	N THAT WAS				SESS	OR BY TH	HE 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:						
otal Property FBYV (prior to sale): \$				Roll Year (year-year):						
Total Land FBYV: \$	al Land FBYV: \$ Land Base Year: Total				Improvement FBYV: \$ Imp Base Year:					
Fair Market Value at Time of Sale:							Multi	ple 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:	e: Land FMV \$				Improvement FMV					
Was the property eligible for exemption?	☐ No	If no, the receive	ing cou	inty must	request proof	of resider	ncy from the	e claimant.		
Did the applicant's name appear as an assessee imm	ediately prior to	the above-refe	renced	transfer?	Yes	No				
For this applicant, has your county previously granted	a base year va	alue transfer for	age or	disability	pursuant to Se	ection 2.1	article XIII	A (Prop 19)?		
Yes No If yes, what is the date of	exclusion?									
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DEST	ROYED BY DIS	SASTER	R FOR WI	HICH THE GO	VERNOR	DECLAR	ED A STATE 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		,						
and Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$										
Was the property eligible for exemption? Yes	☐ No	If no, the rece	iving co	unty must	t request proof	of reside	ency from th	e claimant.		
Did the applicant's name appear as an assessee imn	nediately prior t	to the above-refe	erenced	I transfer?	Yes Yes	No)			
Name of Contact:	CERTIF	ICATION OF	VALI		OVIDED BY ail Address:	:				
County Assessor's Office:				Phor	ne Number:					
	CERTIFIC	CATION OF	VALU	E REQ	UESTED B	Y :				
Name of Contact:		Email Addı					Phone Nun	nber:		