CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip



Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512

or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746 www.ocassessor.gov

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. Please complete Section B of this form and return it to our office at the address above.

A. ORIGINAL PRIMARY RESIDENCE (TO	BE COMPLETED BY I	HE R		SOR	WIIHI	NFORM	ATION 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 C	OMPLETED BY THE AS	SSES		Y OF (ORIGIN	IAL PRI	MARY 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:	ale:				l 🗌 I	Nultiple B	ase Year (attach explanation)
Total Land Value: \$			Total Improvement Value: \$				
Was entire property used as a primary residence?	Yes 🗌 No 🗌 Unkno	wn	Property description, if o	other th	an prima	ary reside	nce:
If no, FMV allocated to primary residence:	and FMV			Improvement FMV \$			
Was the property receiving an exemption? Yes	No HOX D	VX	If no, the receiving coun	ty must	request	proof of	residency from the claimant.
Did the applicant's name appear as an assessee immed	iately prior to the above-refe	renced	transfer? 🗌 Yes [No)		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTROYED BY DIS	ASTE	R FOR WHICH THE GOV	/ERNO	R DECL	ARED A	STATE OF EMERGENCY

Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	Date of disaster (if applicable):		Type of disaster (if applicable):	damaged state? Yes No		
Fair Market Value immediately prior to disaster:	Factored Base Year Value (prior to disaster):		Roll Year (year-year):			
\$	\$					
Land Factored Base Year Value (prior to disaster): \$ Improvement		Improvement Facto	provement Factored Base Year Value (prior to disaster): \$			
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 immediately prior to the above-referenced transfer? Yes No						
COMMENTS:						

CERTIFICATION OF VALUE PROVIDED BY:								
Name of Contact:		Email Address:						
County Assessor's Office:		Phone Number:						
CERTIFICA	TION OF VALUE I	REQUESTED BY:						
Name of Contact:	Email Address:		Phone Number:					
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