EF-19-C-R01-0522-32000345-1

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



Cynthia L. Froggatt **Plumas County Assessor**

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CindieFroggatt@countyofplumas.com

County Assessor					Ci	indier roggatt@	countyorpiumas.com	
Address	acement	Residence API	N					
Oity, Otate, Zip								
Section 2.1(b) of article XIII A of the Califor least age 55 or severely and permanently residence to a replacement primary resider residence has been filed with the original primary residence located in	disabled once locat	or a victim of a ted anywhere ir County Ass	wildfire oi n Californi sessor's C	r natural d a. An app Office. Sin	lisaster to tran plication for a l ce the claim i	nsfer their base base vear valu	e year value from an original ue transfer to a replacement ansfer of a base year value	
Please complete Section B of this form and	d return it	to our office at	the addre	ss above				
$\textbf{A. ORIGINAL PRIMARY RESIDENCE} \ ($	INFORM	TAHT NOITAL	WAS PR	OVIDED :	TO THE ASSI	ESSOR BY T	HE CLAIMANT)	
Applicant Name:				Application Date:				
Situs Address of Property Sold:				City:				
County:				Assessor's Parcel/ID Number:				
								Sale Price:
B. REQUESTED INFORMATION								
Confirmation of Sale Price:				Confirmation of Date of Sale:				
December December Month on				Date of Recording:				
Recorder's Document Number:				Sac S. Noording.				
				Roll Year (year-year):				
, , , ,								
Total Land FBYV: \$	Land	d Base Year:	lotai	Improveme	ent FBYV: \$		Imp Base Year:	
Fair Market Value at Time of Sale:						Mult	iple Base Year (attach explanatio	
Total Land Value: \$				Total Impr	Total Improvement Value: \$			
Was entire property used as a primary residence?	Yes	No No		Property	description, if oth	ner than primary i	residence:	
If no, FMV allocated to primary residence:	f no, FMV allocated to primary residence: Land FMV				In	mprovement FMV	1	
	\$				\$	\$		
Was the property eligible for exemption?	es 🗌 I	No If no, the	receiving co	ounty must r	equest proof of r	residency from th	e claimant.	
Did the applicant's name appear as an assessee i	mmediately	prior to the above	e-reference	d transfer?	Yes] No		
For this applicant, has your county previously gran	ted a base	year value transfe	er for age o	r disability p	oursuant to Section	on 2.1 article XIII	A (Prop 19)?	
Yes No If yes, what is the date	of exclusion	on?						
PRINCIPAL RESIDENCE SUBSTANTIALLY	DAMAGEI	D/DESTROYED B	Y DISASTE	R FOR WH	IICH THE GOVE	RNOR DECLAR	ED A STATE OF EMERGENCY	
Was property substantially damaged or destroyed Governor-proclaimed disaster? Yes No	·	e of disaster (if ap	oplicable):		Type of disaste	er (if applicable):	Was the property sold in its damaged state? Yes	
Fair Market Value immediately prior to disaster:	p disaster: Factored Base Year Value (prior to \$			o disaster):	disaster): Roll Year (year-year):			
Land Factored Base Year Value (prior to disaster): \$ Improve				ement Facto	ment Factored Base Year Value (prior to disaster): \$			
Was the property eligible for exemption?	es 🗌 N	No If no, the	e receiving c	ounty must	request proof of	residency from t	he claimant.	
Did the applicant's name appear as an assessee	immediatel	ly prior to the abov	ve-reference	d transfer?	Yes] No		
Name of Contact:	CF	ERTIFICATION	OF VAL					
rumo or comact.				Emai	il Address:			
County Assessor's Office:				Phon	Phone Number:			
•					•			
	CF	RTIFICATION	OF VAI	JE REQI	JESTED BY:			
Name of Contact:			il Δddress:			Phone Nu	mber:	

