EF-19-C-R01-0522-32000317-1

County Assessor

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



Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

Address											
City, State, Zip Replacer	nent Resid	dence APN									
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disal residence to a replacement primary residence residence has been filed with the original primary residence located in	oled or a v located ar C	ictim of a wildf nywhere in Cal	fire or na lifornia. or's Offi	atural di An app ce. Sinc	saster to tr lication for e the clain	ansfer t a base n involv	heir base year valu es the tra	year e trar insfer	value from an orignsfer to a replacement of a base year va	inal primary nent primary	
Please complete Section B of this form and retu	urn it to ou	r office at the	address	above.							
A. ORIGINAL PRIMARY RESIDENCE (INFO	ORMATIO	N THAT WAS	S PROV	/IDED 1	O THE AS	SESS	OR BY TH	HE C	CLAIMANT)		
Applicant Name: App					plication Date:						
Situs Address of Property Sold:					Sity:						
County: As					ssessor's Parcel/ID Number:						
Sale Price: Da					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: \$	and FBYV: \$ Land Base Year: Total I				mprovement FBYV: \$ Imp Base Year:						
Fair Market Value at Time of Sale:							Multi	ple Ba	ase Year (attach explar	nation)	
Total Land Value: \$					otal Improvement Value: \$						
Was entire property used as a primary residence? Yes No					operty description, if other than primary residence:						
o, FMV allocated to primary residence: Land FMV \$					Improvement FMV						
Was the property eligible for exemption? Yes	No	If no, the receiv	ing count	ty must re	equest proof	of resider	cy from the	claim	nant.		
Did the applicant's name appear as an assessee immed	diately prior t	to the above-refe	renced tra	ansfer?	Yes	No					
For this applicant, has your county previously granted a	base year v	/alue transfer for	age or di	isability p	ursuant to Se	ection 2.1	article XIII	A (Pro	pp 19)?		
Yes No If yes, what is the date of ex	clusion?										
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DES	TROYED BY DIS	SASTER	FOR WH	CH THE GO	VERNOR	DECLARE	ED A S	STATE OF EMERGEN	CY	
s property substantially damaged or destroyed by a vernor-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 Base Year Value (prior to disas \$				aster): Roll Year (year-year):						
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	ent Factor	ed Base Yea	r Value (p	orior to disa	ster): (\$		
Was the property eligible for exemption?	No	If no, the recei	iving cour	nty must i	equest proof	of reside	ncy from th	ne clair	mant.		
Did the applicant's name appear as an assessee imme	diately prior	to the above-refe	erenced t	ransfer?	Yes	☐ No	ı				
Name of Contact:	CERTIE	FICATION OF	VALU		/IDFD BY Address:	•					
County Acceptar's Office:				Di	Nine-b-						
County Assessor's Office:					Phone Number:						
	CERTIFI	CATION OF	VALUE	REQU	ESTED B	Y:					
Name of Contact:		Email Addr	ess:				Phone Nun	nber:			