EF-19-C-R01-0522-32000224-1 BOE-19-C (P1) REV. 01 (05-22) CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Cynthia L. Froggatt Plumas County Assessor 1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

County Assessor

Address

City, State, Zip

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. An application for a base year value transfer to a replacement primary residence located anywhere in California. Since the claim involves the transfer of a base year value from an original primary residence located in ______ County, we are requesting the following information from your office.

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

A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION THAT	WAS PRC	VIDED -	TO THE AS	SESSC	OR BY THE	E 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:			Data of Departing:				
			Date of Recording:				
Total Property FBYV (prior to sale): \$			Roll Year (year-year):				
Total Land FBYV: \$	Land Base Year:	Total I	Improvement FBYV: \$				Imp Base Year:
Fair Market Value at Time of Sale:				Multiple 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: Land FMV \$			Improvement FMV \$				
Was the property eligible for exemption? Yes	No If no, the	receiving cou	inty must r	equest proof c	of residen	cy from the c	laimant.
Did the applicant's name appear as an assessee imme	ediately prior to the abov	ve-referenced	transfer?	Yes	No		
For this applicant, has your county previously granted Yes No If yes , what is the date of e	-	fer for age or	disability p	oursuant to Se	ction 2.1	article XIII A	(Prop 19)?
PRINCIPAL RESIDENCE SUBSTANTIALLY DAI	MAGED/DESTROYED	BY DISASTER	R FOR WH	ICH THE GO	VERNOR	DECLARED	A STATE OF EMERGENCY
Was property substantially damaged or destroyed by a Date of disaster (if applicable): Governor-proclaimed disaster?				Type of disaster (if applicable):			/as the property sold in its amaged 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 Factored Base Year Value (prior to disaster): \$							
Was the property eligible for exemption? Yes	No If no, the	e receiving co	ounty must	request proof	of reside	ncy from the	claimant.
Did the applicant's name appear as an assessee imm	ediately prior to the abo	ove-referenced	I transfer?	Yes	No		
Name of Contact:	CERTIFICATIO	N OF VAL					
			Emai	I Address:			
County Assessor's Office:			Phone Number:				
	CERTIFICATION	OF VALU	E REQL	JESTED B	Y:		
Name of Contact:		il Address:				Phone Numb	er:
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