## EF-19-C-R01-0522-34000705-1

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

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.

OBIOINAL BRITARY REGISENCE (INFORMATION THAT MAD BROWIDED TO THE ACCESSOR BY THE OLAMANT)

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

A. URIGINAL PRIMARY RESIDENCE (INF	URMATION I	HAIWAS	SPROVI		U THE AS	3E220	JRBTINE	CLAIMANT)
Applicant Name:				Application Date:				
Situs Address of Property Sold:				City:				
County:				Assessor's Parcel/ID Number:				
				Date of Sale:				
B. REQUESTED INFORMATION			ļ					
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			nprovement FBYV: <b>\$</b>				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:				
no, FMV allocated to primary residence: Land FMV \$				Improvement FMV \$				
Was the property eligible for exemption? Yes	No If r	no, the receiv	ving county	must re	quest proof c	of resider	ncy from the cla	aimant.
Did the applicant's name appear as an assessee imme	diately prior to th	e above-refe	renced trar	sfer?	Yes [	No		
For this applicant, has your county previously granted a Yes No If yes, what is the date of e	-	e transfer for	age or disa	ability pu	rsuant to Se	ction 2.1	article XIII A (	Prop 19)?
PRINCIPAL RESIDENCE SUBSTANTIALLY DAT	MAGED/DESTRO	YED BY DIS	SASTER FO	OR WHIC	CH THE GO	/ERNOF	RDECLARED	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 applica				as the property sold in its maged state? Yes No
Fair Market Value immediately prior to disaster: \$	Factored Base \$	Year Value (	(prior to dis	saster): Roll Year (year-year):			:	
Land Factored Base Year Value (prior to disaster): \$		In	nprovemen	t Factore	ed Base Year	· Value (	prior to disaste	r): \$
Was the property eligible for exemption? Yes	No If	no, the recei	iving county	y must re	equest proof	of reside	ency from the c	laimant.
Did the applicant's name appear as an assessee imm	ediately prior to th	ne above-refe	erenced tra	nsfer?	Yes	No	)	
	CERTIFIC	ATION OF		PROV	IDED BY:			
Name of Contact:				Email Address:				
County Assessor's Office:				Phone Number:				
	CERTIFICA	TION OF	VALUE	REQU	ESTED B	Y:		
Name of Contact: Email Address							Phone Number:	
		1						



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