EF-19-C-R01-0522-34000784-1

BOE-19-C (P1) REV. 01 (05-22)

County Assessor Address



**CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

CERTIFICATION OF	VALUE BY	ASSESSOR	FOR
BASE YEAR VALUE	TRANSFE	R	

City, State, Zip Replace	ment Reside	ence APN								
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the original primary residence located in	abled or a vic located any Co	ctim of a wildf where in Cal	fire or na lifornia. or's Offi	atural d An app ice. Sin	lisaster to tra dication for a ce the claim	ansfer t a base n involve	heir base year valu es the tra	year e tran insfer	value from an original primary sfer to a replacement primary of a base year value from an	
Please complete Section B of this form and re	turn it to our	office at the	address	s above				•		
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION	N THAT WAS	S PROV	/IDED	TO THE AS	SESSO	OR BY TH	HE CI	LAIMANT)	
Applicant Name:				Application Date:						
Situs Address of Property Sold:			C	City:						
County:			A	Assessor's Parcel/ID Number:						
Sale Price:			D	Date of Sale:						
B. REQUESTED INFORMATION			1							
Confirmation of Sale Price:			C	Confirmation of Date of Sale:						
Recorder's Document Number:			С	Date of Recording:						
Total Property FBYV (prior to sale): \$	otal Property FBYV (prior to sale): \$			Roll Year (year-year):						
Total Land FBYV: \$	Land Base	Year:	Total Im	I Improvement FBYV: \$ Imp Base Year:				Imp Base Year:		
Fair Market Value at Time of Sale:							Multi	ple Bas	se Year (attach explanation)	
Total Land Value: \$			T	Total Improvement Value: \$						
Was entire property used as a primary residence? Yes No			F	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 receiv	ring count	ity must r	equest proof o	of resider	ncy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	renced tra	ansfer?	Yes	No				
For this applicant, has your county previously granted  Yes No If yes, what is the date of the state of the s	•	lue transfer for	age or di	isability p	oursuant to Se	ection 2.1	article XIII	A (Prop	p 19)?	
		ROYED BY DIS	SASTER	FOR WH	IICH THE GOV	VERNOR	DECLARE	-D Δ S	TATE OF EMERGENCY	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER  Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disaster (if applicable):  Was the property sold in its damaged state? Yes N					
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (	(prior to d	disaster):	Roll Year (ye	ear-year)	:			
Land Factored Base Year Value (prior to disaster): \$		. In	nproveme	provement Factored Base Year Value (prior to disaster): \$						
Was the property eligible for exemption? Yes	☐ No	If no, the recei	iving cour	nty must	request proof	of reside	ency from th	ne claim	nant.	
Did the applicant's name appear as an assessee imm	ediately prior to	o the above-refe	erenced t	transfer?	Yes	No	1			
Name of Contact:	CERTIFI	CATION OF	VALU	- 1	VIDED BY: il Address:	<u>-</u>				
County Assessor's Office:				Phon	e Number:					
	CERTIFIC	CATION OF	<u>VALU</u> E	REQU	JESTED B	Y:				
Name of Contact:		Email Addr	ess:				Phone Nun	nber:		

