EF-19-C-R01-0522-39000756-1

County Assessor

Address

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



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone: (209) 468-2658

https://www.sjgov.org/department/assessor

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 disaresidence to a replacement primary residence residence has been filed with the poriginal primary residence located in	bled or a vic located any Co	tim of a wildf where in Cal	fire or na lifornia. or's Offi	atural di An appl ice. Sinc	saster to tra ication for a e the claim	ansfer t a base n involv	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		•		•				,		
A. ORIGINAL PRIMARY RESIDENCE (INF					O THE AS	SESS	OR BY TH	HE CI	LAIMANT)	
Applicant Name:					Application Date:					
Situs Address of Property Sold:				City:						
County:				Assessor's Parcel/ID Number:						
Sale Price:				Date of Sale:						
B. REQUESTED INFORMATION			1							
Confirmation of Sale Price:				Confirmation of Date of Sale:						
Recorder's Document Number:			С	Date of Recording:						
otal Property FBYV (prior to sale): \$			F	Roll Year (year-year):						
Total Land FBYV: \$	Land Base Y	'ear:	Total Im	nproveme	nt FBYV: \$			li li	mp Base Year:	
Fair Market Value at Time of Sale:							Multi	ple Bas	se Year (attach explanation)	
Total Land Value: \$				otal Impro	vement Value	e:\$				
Was entire property used as a primary residence? Yes No				Property description, if other than primary residence:						
ii iio, i iiiv allocatea to piiiiary reciaciico.	Land FMV \$			Improvement FMV \$						
Was the property eligible for exemption? Yes	No	If no, the receiv	ring count	ty must re	equest proof o	of resider	ncy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	diately 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 e	•	lue transfer for	age or di	isability po	ursuant to Se	ction 2.1	article XIII	A (Prop	o 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAI	//AGED/DEST	ROYED BY DIS	SASTER	FOR WHI	CH THE GOV	VERNOR	DECLARE	ED A S	TATE OF EMERGENCY	
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 No						
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (Roll Year (ye					
Land Factored Base Year Value (prior to disaster): \$ Improven					nent Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption?	☐ No	If no, the recei	iving cour	nty must ı	equest proof	of reside	ency from th	ne claim	nant.	
Did the applicant's name appear as an assessee imm	ediately prior to	the above-refe	erenced to	ransfer?	Yes	No)			
Name of Contact:	CERTIFI	CATION OF	VALU		/IDFD BY: Address:					
County Assessor's Office:				Phone	Number:					
	CERTIFIC	ATION OF	VALUE	REQU	ESTED B	Y :				
Name of Contact:		Email Addr		-, -			Phone Nun	nber:		