EF-19-C-R01-0522-45000330-1

County Assessor

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



LESLIE MORGAN ASSESSOR-RECORDER

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600

Intra_County toll free: 1(800)479-8009

Address									
City, State, Zip Replace	zip Replacement Residence 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	bled or a vic located any Cou	tim of a wildt where in Ca	fire ór lifornia or's Of	natural di a. An app ffice. Sind	saster to tra lication for a se the claim	ansfer t a base ı involv	heir base year value es the tra	year value from an original prime transfer to a replacement primensfer of a base year value from	
Please complete Section B of this form and ret	urn it to our	office at the	addres	ss above.					
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION	THAT WAS	SPRC	VIDED 1	O THE AS	SESS	OR BY TH	HE 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:				Date of Recording:					
Total Property FBYV (prior to sale): \$				Roll Year (year-year):					
Total Land FBYV: \$	Land Base Year: Total			mprovement FBYV: \$ Imp Base Year:					
Fair Market Value at Time of Sale:							Multip	ple Base Year (attach explanation)	
Total Land Value: \$				Total Impre	Total Improvement Value: \$				
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:				
in no, i wiv allocated to primary recidence.	Land FMV \$				Improvement FMV \$				
Was the property eligible for exemption?	NoI	f no, the receiv	ing cou	ınty must re	equest proof o	f resider	cy from the	e claimant.	
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	renced	transfer?	Yes [No			
For this applicant, has your county previously granted a Yes No If yes, what is the date of e	·	ue transfer for	age or	disability p	ursuant to Sec	ction 2.1	article XIII /	A (Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	IAGED/DESTR	ROYED BY DIS	SASTER	R FOR WH	CH THE GOV	/ERNOR	DECLARE	ED A STATE 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 Base Year Value (prior to disas: \$				ster): Roll Year (year-year):				
					Factored Base Year Value (prior to disaster): \$				
Was the property eligible for exemption? Yes	No	If no, the rece	iving co	ounty must	request proof	of reside	ncy from th	e claimant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	erenced	I transfer?	Yes	No	1		
Name of Contact:					PROVIDED BY: Email Address:				
County Assessor's Office:					Phone Number:				
	CERTIFIC	ATION OF	VALU	E REQU	ESTED B	Y:			
Name of Contact:		Email Addr	ress:				Phone Num	nber:	