EF-19-C-R01-0522-45000357-1

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 | | | | | | | | | | |
|--|--|--|--------------------------------------|--------------------------------|--|--------------------------------|--------------------------------------|--------------------------|---|--|
| y, State, Zip Replacement Residence APN | | | | | | | | | | |
| Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disal residence to a replacement primary residence residence has been filed with the original primary residence located in | oled or a victir located anywl Coun | m of a wild here in Ca ity Assesso | fire or na lifornia. or's Offi | atural d An app ce. Sind | isaster to tra | ansfer t a base n involv | heir base year valu es the tra | year e trar insfer | value from an original primar nsfer to a replacement primar of a base year value from a | |
| Please complete Section B of this form and retu | ırn it to our of | fice at the | address | above. | | | | | | |
| A. ORIGINAL PRIMARY RESIDENCE (INFO | DRMATION T | THAT WAS | S PROV | IDED 1 | TO THE AS | SESS | OR BY TH | HE C | 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: | | | | | | |
| otal Property FBYV (prior to sale): \$ | | | | Roll Year (year-year): | | | | | | |
| Total Land FBYV: \$ | \$ Land Base Year: Total Im | | | | mprovement FBYV: \$ Imp Base Year: | | | | | |
| Fair Market Value at Time of Sale: | | | | | | | Multi | ple Ba | se 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 r | no, the receiv | ving count | y must re | equest proof o | of resider | cy from the | e claim | nant. | |
| Did the applicant's name appear as an assessee immed | liately prior to th | e above-refe | erenced tra | ansfer? | Yes | No | | | | |
| For this applicant, has your county previously granted a Yes No If yes, what is the date of ex- | • | e transfer for | age or di | sability p | ursuant to Se | ction 2.1 | article XIII | A (Pro | pp 19)? | |
| PRINCIPAL RESIDENCE SUBSTANTIALLY DAM | | VED BY DIS | PACTED I | OD WU | ICH THE CO | /EDNOB | DECLAR | -D A S | ETATE OF EMERCENCY | |
| Vas property substantially damaged or destroyed by a Covernor-proclaimed disaster? Yes No | | | | | Type of disaster (if applicable): Was the | | | | the property sold in its ged state? Yes No | |
| Fair Market Value immediately prior to disaster: | er: Factored Base Year Value (prior to disas | | | | aster): Roll Year (year-year): | | | | | |
| • | | | | | t Factored Base Year Value (prior to disaster): \$ | | | | | |
| Was the property eligible for exemption? | No If | no, the rece | iving cour | nty must | request proof | of reside | ncy from th | ne clair | mant. | |
| Did the applicant's name appear as an assessee imme | diately prior to th | he above-ref | erenced t | ransfer? | Yes | No | 1 | | | |
| Name of Contact: | | | | | PROVIDED BY: Email Address: | | | | | |
| County Assessor's Office: | | | | Phone Number: | | | | | | |
| CERTIFICATION OF VALUE | | | | | REQUESTED BY: | | | | | |
| Name of Contact: | | Email Addı | ress: | | | | Phone Nun | nber: | | |