EF-19-C-R01-0522-51000270-1

County Assessor

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



KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

Address												
City, State, Zip Replacen	ent Resider	nce APN										
Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disablesidence to a replacement primary residence lesidence has been filed with the priginal primary residence located in	led or a victi ocated anyw Cou	im of a wildf vhere in Cal	fire or na lifornia. or's Offic	atural di An app ce. Sind	saster to tra lication for a ce the claim	ansfer t a base ı involv	heir base y year value es the trar	year value transfer nsfer of a	e from an to a repla base yea	original primary		
Please complete Section B of this form and retu	rn it to our o	ffice at the	address	above.								
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION	THAT WAS	SPROV	IDED 1	O THE AS	SESS	OR BY TH	E CLAIN	(TANT			
Applicant Name: App					plication Date:							
Situs Address of Property Sold: Cit					ty:							
County: Ass					ssessor's Parcel/ID Number:							
Sale Price: Da					Pate of Sale:							
B. REQUESTED INFORMATION												
onfirmation of Sale Price: Co					onfirmation of Date of Sale:							
Recorder's Document Number:				ate of Recording:								
tal Property FBYV (prior to sale): \$					Roll Year (year-year):							
Total Land FBYV: \$	Land Base Year: Total I			mprovement FBYV: \$				Imp Base Year:				
Fair Market Value at Time of Sale:							Multip	le Base Ye	ar (attach e	explanation)		
Total Land Value: \$ Total					tal Improvement Value: \$							
Was entire property used as a primary residence? Yes No					operty description, if other than primary residence:							
in no, i mir anocated to primary recidence.	MV allocated to primary residence: Land FMV \$					Improvement FMV \$						
Was the property eligible for exemption? Yes] No If	no, the receiv	ing count	y must re	equest proof o	f resider	cy from the	claimant.				
Did the applicant's name appear as an assessee immed	iately prior to t	he above-refe	renced tra	ansfer?	Yes	No						
For this applicant, has your county previously granted a	base vear valu	ue transfer for	age or dis	sability p	ursuant to Sec	ction 2.1	article XIII A	(Prop 19)?)			
Yes No If yes, what is the date of ex	•		J	, ,				(1 -7				
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMA	AGED/DESTR	OYED BY DIS	SASTER E	OR WH	CH THE GOV	/FRNOR	DECLARE	D A STATE	OF EMER	GENCY		
as property substantially damaged or destroyed by a overnor-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				aster): Roll Year (year-year):							
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	nt Facto	ed Base Year	Value (p	orior to disas	ter): \$				
Was the property eligible for exemption? Yes] No I	f no, the recei	iving coun	ty must	request proof	of reside	ncy from the	claimant.				
Did the applicant's name appear as an assessee immed	diately prior to	the above-refe	erenced tr	ansfer?	Yes [No						
Name of Contact:		PROVIDED BY: Email Address:										
County Assessor's Office:					Phone Number:							
	CERTIFICA	ATION OF	VALUE	REQU	ESTED B	Y:						
Name of Contact:		Email Addr	ress:				Phone Num	ber:				