CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

County Assessor

Address

City, State, Zip

Replacement Residence APN

Section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows a homeowner who is at least age 55 or severely and permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. Please complete Section B of this form and return it to our office at the address above.

Applicant Name:	Application Date:	Application Date:					
Situs Address of Property Sold:		City:	City:				
County:	Assessor's Parcel/ID Number:	Assessor's Parcel/ID Number:					
Sale Price:	Date of Sale:	Date of Sale:					
B. REQUESTED INFORMATI	ON (TO BE COMPLETED BY THE AS	SSESSOR FROM COUNTY OF	ORIGINAL PR	IMARY RESIDENCE)			
Confirmation of Sale Price:	Confirmation of Date of Sale:	Confirmation of Date of Sale:					
Recorder's Document Number:		Date of Recording:	Date of Recording:				
Total Property FBYV (prior to sale): \$	Roll Year (year-year):	Roll Year (year-year):					
Total Land FBYV: \$	Land Base Year:	Total Improvement FBYV: \$	Improvement FBYV: \$ Imp Base Y				
Fair Market Value at Time of Sale		1					

\$					
Total Land Value: \$	Total Improvement Value: \$				
Was entire property used as a primary residence? Yes No Unknown Property description, if other than primary residence:				n primary residence:	
If no, FMV allocated to primary residence:	Land FMV		Improvement FMV		
	\$	\$			
Was the property receiving an exemption? Yes	□ No □ HOX □ DVX	If no, the receiving county must request proof of residency from the claimant.			
Did the applicant's name appear as an assessee imm	ediately prior to the above-referenced	transfer? Yes	No		

PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY									
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	a Date of disaster (if applicable):		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 disaster):		Roll Year (year-year):						
Land Factored Base Year Value (prior to disaster): \$			Improvement Factored Base Year Value (prior to disaster): \$						
Was the property eligible for exemption? Yes No If no, the re			receiving county must request proof of residency from the claimant.						
Did the applicant's name appear as an assessee imme	diately prior to	o the above-	referenced transfer?	Yes No					

 COMMENTS:

 CERTIFICATION OF VALUE PROVIDED BY:

 Name of Contact:
 Email Address:

 County Assessor's Office:
 Phone Number:

 CERTIFICATION OF VALUE REQUESTED BY:

 Name of Contact:

 Mame of Contact:
 Email Address:

 Phone Number:
 Phone Number:

 Phone Number:
 Phone Number:

