EF-19-C-R01-0522-55000297-1

County Assessor

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



**Tuolumne County Assessor-Recorder** 2 South Green Street, Third Floor

Sonora, CA 95370

Phone: (209) 533-5535 Fax: (209) 533-5674

**Kaenan Whitman** 

Email: assessor@tuolumnecounty.ca.gov

Address								
City, State, Zip Replacer	nent Residence Af	PN						
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 victim of a located anywhere County As	a wildfire or in Californi ssessor's C	r natural d ia. An apր Ͻffice. Sin	disaster to tra plication for a	ansfer tha base y involve	neir base vear values s the tra	year value from an original primar e transfer to a replacement primar nsfer of a base year value from a	
Please complete Section B of this form and ret			-	=	om		yeur emee.	
A. ORIGINAL PRIMARY RESIDENCE (INFO					SESSO	R BY TH	HE CLAIMANT)	
Applicant Name:	-		Application				- ,	
			''					
Situs Address of Property Sold:			City:	City:				
County:			Assessor	Assessor's Parcel/ID Number:				
Sale Price:			Date of S	Date of Sale:				
B. REQUESTED INFORMATION								
Confirmation of Sale Price:			Confirma	Confirmation of Date of Sale:				
Recorder's Document Number:			Date of F	Date of Recording:				
otal Property FBYV (prior to sale): \$			Roll Year	Roll Year (year-year):				
Total Land FBYV: \$	Land Base Year:	Total	I Improveme	provement FBYV: \$ Imp Base Year:				
Fair Market Value at Time of Sale:						Multip	ole Base 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:				
ii iio, i iiiv anocatea to primary reciaerico.	and FMV		Improvement FMV   \$					
Was the property eligible for exemption? Yes	No If no, the	e receiving co	ounty must	request proof o	f residen	cy from the	claimant.	
Did the applicant's name appear as an assessee imme	diately prior to the abo	ove-reference	d transfer?	Yes	No			
For this applicant, has your county previously granted a Yes No If yes, what is the date of each	•	sfer for age o	or disability <sub>l</sub>	pursuant to Sec	ction 2.1 a	article XIII /	A (Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAN	AGED/DESTROYED	BY DISASTE	R FOR WI	HICH THE GOV	/FRNOR	DECLARE	D A STATE OF EMERGENCY	
Nas property substantially damaged or destroyed by a Covernor-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):				
·				t Factored Base Year Value (prior to disaster): \$				
Was the property eligible for exemption?				request proof		ncy from th	e claimant.	
Did the applicant's name appear as an assessee imme	diately prior to the abo	ove-reference	ed transfer?	Yes	No			
Name of Contact:	CERTIFICATIO	ON OF VAL		OVIDED BY: ail Address:				
County Assessor's Office:				Phone Number:				
	CERTIFICATION	N OF VAL	UE REQ	UESTFD RY	Y:			
Name of Contact:		ail Address:				Phone Num	nber:	
2								

