EF-19-C-R03-0524-58000057-1 BOE-19-C (P1) REV. 03 (05-24)

## **CERTIFICATION OF VALUE BY ASSESSOR** FOR BASE YEAR VALUE TRANSFER

**Yuba County Assessor** 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

Stephen S. Duckels

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 perm original primary residence to a replacement purplease complete Section B of this form and re-	anently disabled or a vic orimary residence located	tim of a w I anywher	ildfire e in C	e or natural disa Salifornia.			
A. ORIGINAL PRIMARY RESIDENCE (TO					R WITH INF	ORMATION FROM 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 (TO BE O	COMPLETED BY THE A	SSESSOF	R FRC	OM COUNTY O	F ORIGINAL	PRIMARY RESIDENCE)	
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 Impre	oveme	nt FBYV: \$		Imp Base Year:	
Fair Market Value at Time of Sale:					Mult	tiple Base Year (attach explanation)	
Total Land Value: \$				Total Improvement Value: \$			
Was entire property used as a primary residence?	Yes No Unkno	own Pro	perty o	description, if othe	r than primary		
If no, FMV allocated to primary residence:  Land FMV  \$			\$				
Was the property receiving an exemption? Yes	No HOX	OVX If no	, the r	eceiving county m	ust request pro	oof of residency from the claimant.	
Did the applicant's name appear as an assessee imme	diately prior to the above-refe	renced tran	sfer?	Yes	No		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	MAGED/DESTROYED BY DIS	SASTER FO	R WH	ICH THE GOVER	NOR DECLAR	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 \$  Land Factored Base Year Value (prior to disaster): \$  Improven				disaster): Roll Year (year-year): ent Factored Base Year Value (prior to disaster): \$			
Land Factored base real value (prior to disaster). \$	l Ir	nprovement	Factor	red Base Year Val	ue (prior to dis	aster): <b>\$</b>	
Was the property eligible for exemption? Yes	No If no, the rece	iving county	must	request proof of re		he claimant.	
Did the applicant's name appear as an assessee imme	ediately prior to the above-ref	erenced trar	nsfer?	Yes	No		
COMMENTS:							
Name of Contact:	CERTIFICATION OF	VALUE	1				
Traine of Contact.				Email Address:			
County Assessor's Office:			Phone	e Number:			
	CERTIFICATION OF	VALUE F	REQU	JESTED BY:			
Name of Contact:	Email Add	ress:			Phone Nu	mber:	

