EF-19-C-R01-0522-11000137-1

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



**Sendy Perez Assessor** 

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402

Fax: (530) 934-6571

County Assessor	ALTERNATION OF THE PARTY OF THE						
County Assessor							
Address							
City, State, Zip	Replacement Residence APN						

	<b>ERTIFIC</b>	ATION OF	VALUE	<u>REQU</u>	<u>IESTED</u> B'	<u>Y:</u>					
•											
County Assessor's Office:					Number:						
Name of Contact:	CERTIFIC	CATION OF	F VALU		VIDED BY: Address:						
Did the applicant's name appear as an assessee immedia	tely prior to	the above-ref	ferenced t	transfer?	Yes [	No	)				
Was the property eligible for exemption? Yes	No	If no, the rece	eiving cou	nty must	request proof	of reside	ency from th	ne claimant.			
and Factored Base Year Value (prior to disaster): \$	<del>-</del>	lı	mproveme	ment Factored Base Year Value (prior to disaster): \$							
Fair Market Value immediately prior to disaster:		se Year Value	(prior to c	lisaster): Roll Year (year-year):			:				
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the produced damaged st				erty sold in its e? Yes No		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAG	ED/DESTR	OYED BY DI	SASTER	FOR WH	ICH THE GOV	VERNOR	DECLAR	ED A STATE C	F EMERGENCY		
For this applicant, has your county previously granted a ba  Yes No <b>If yes</b> , what is the date of exclu	•	ue transier for	aye or di	isability p	ursuant to 560	CIIOI1 Z.T	arucie Alli	A (FIOP 19)?			
Did the applicant's name appear as an assessee immediat					Yes L	No	article VIII	Δ (Prop 10)2			
Was the property eligible for exemption? Yes							icy irom the	е сіаітіапі.			
\$	\$					sunty must request proof of residency from the claimant.					
no, FMV allocated to primary residence: Land FMV				Improvement FMV							
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:						
⊅ Fotal Land Value: \$			Т	Total Impro	ovement Value	e: <b>\$</b>					
Fair Market Value at Time of Sale:							Multi	iple Base Year	(attach explanation)		
Total Land FBYV: \$	Land Base Year: Total			Improvement FBYV: \$				Imp Base Year:			
tal Property FBYV (prior to sale): \$				Roll Year (year-year):							
Recorder's Document Number:				Date of Recording:							
confirmation of Sale Price:				Confirmation of Date of Sale:							
B. REQUESTED INFORMATION											
Sale Price:					Date of Sale:						
County:					Assessor's Parcel/ID Number:						
Situs Address of Property Sold:					City:						
Applicant Name:					Application Date:						
A. ORIGINAL PRIMARY RESIDENCE (INFOR	MATION	THAT WA	S PRO\	/IDED 1	TO THE AS	SESS	OR BY TI	HE CLAIMA	NT)		
lease complete Section B of this form and return		•		•				•			
east age 55 or severely and permanently disable esidence to a replacement primary residence loc esidence has been filed with the riginal primary residence located in	ated any Cou	where in Ca unty Assess	alifornia. sor's Offi	An applice. Since	lication for a ce the claim	a base i involv	year valu es the tra	e transfer to			