EF-19-C-R01-0522-43000517-1



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

County Assessor

Real Property Division West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-5300 RP@asr.sccgov.org

Lawrence E. Stone

**Santa Clara County Assessor** 

Address	D. ala and D. ala and ARM					www.sccassessor.org						
City, State, Zip Replacei	Replacement Residence APN											
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the primary residence located in	bled or a victir located anyw Cour	m of a wildf here in Cal	ire or na ifornia. or's Offic	atural di An appl ce. Sinc	saster to traication for a	ansfer t a base ı involve	heir base year valu es the tra	year e tran insfer	value from sfer to a of a base	n an orig replacen	ginal primary nent primary	
Please complete Section B of this form and ret	urn it to our of	fice at the a	address	above.								
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION	THAT WAS	PROV	IDED T	O THE AS	SESS	OR BY TH	HE C	LAIMAN	Γ)		
Applicant Name:				Application Date:								
Situs Address of Property Sold:				City:								
County:				Assessor's Parcel/ID Number:								
Sale Price:				Date of Sale:								
B. REQUESTED INFORMATION												
onfirmation of Sale Price:				Confirmation of Date of Sale:								
ecorder's Document Number:				Date of Recording:								
al Property FBYV (prior to sale): \$				Roll Year (year-year):								
Total Land FBYV: \$	Land Base Year: Total I			Improvement FBYV: \$				Imp Base Year:				
Fair Market Value at Time of Sale:							Multi	ple Bas	se Year (at	ach expla	nation)	
otal 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 allocatea to pililary reciacileo.	MV allocated to primary residence:  Land FMV  \$				Improvement FMV \$							
Was the property eligible for exemption? Yes	No If r	no, the receiv	ing count	y must re	quest proof o	of residen	icy from the	e claima	ant.			
Did the applicant's name appear as an assessee imme	diately prior to th	ie above-refei	renced tra	ansfer?	Yes	No						
For this applicant, has your county previously granted a	•	e transfer for	age or dis	sability p	ırsuant to Se	ction 2.1	article XIII	A (Pro	o 19)?			
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	IAGED/DESTRO	YED BY DIS	ASTER F	OR WHI	CH THE GO	VERNOR	DECL ARE	ED A S	TATE OF F	MERGEN	CY	
as property substantially damaged or destroyed by a overnor-proclaimed disaster? Yes No					Type of disaster (if applicable): Wa					as the property sold in its maged state?  Yes No		
Fair Market Value immediately prior to disaster:	Factored Base Year Value (prior to disa:				ter): Roll Year (year-year):							
					nt Factored Base Year Value (prior to disaster): \$							
Was the property eligible for exemption? Yes	No If	no, the recei	ving cour	nty must i	equest proof	of reside	ncy from th	ne clain	nant.			
Did the applicant's name appear as an assessee imme					Yes	No						
Name of Contact:	CERTIFIC	ATION OF	VALUI	1	Address:							
County Assessor's Office:				Phone Number:								
	CERTIFICA	TION OF	VALUE	REQU	ESTED B	Y:						
Name of Contact:		Email Addr	ess:				Phone Nun	nber:				