EF-19-C-R01-0522-53000222-1

County Assessor

Address

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



County Clerk-Recorder-Assessor

Shanna White

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257

Fax: (530) 623-8398 assessor@trinitycounty.org

City, State, Zip Replace	ment Residence	ce APN							
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disaresidence to a replacement primary residence residence has been filed with the	abled or a victing located anywhere countries and a countries and a countries are countries.	n of a wildfir here in Calif	re or natu fornia. Ar r's Office	ıral dis n appli . Since	saster to tra cation for a e the claim	ansfer t a base n involv	heir base year value es the tra	year value from an original po e transfer to a replacement po nsfer of a base year value fro	
Please complete Section B of this form and re	turn it to our of	fice at the a	ddress a	bove.					
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION T	THAT WAS	PROVID	DED T	O THE AS	SESS	OR BY TH	IE CLAIMANT)	
Applicant Name:				Application Date:					
Situs Address of Property Sold:			City	/ :					
County:				Assessor's Parcel/ID Number:					
Sale Price:			Date	e of Sa	le:				
B. REQUESTED INFORMATION									
Confirmation of Sale Price:			Con	Confirmation of Date of Sale:					
ecorder's Document Number:			Dat	Date of Recording:					
al Property FBYV (prior to sale): \$			Roll	Roll Year (year-year):					
Total Land FBYV: \$	Land Base Yea	ar:	Total Impro	ovemen	t FBYV: \$			Imp Base Year:	
Fair Market Value at Time of Sale:							Multip	ole Base Year (attach explanation)	
Total Land Value: \$				otal Improvement Value: \$					
Was entire property used as a primary residence?	Yes No	0	Pro	perty de	escription, if	other tha	n primary re	esidence:	
If no, FMV allocated to primary residence:	Land FMV		Improvement FMV						
Was the property eligible for exemption? Yes	☐ No If r	no, the receivin	ng county i	nust re	quest proof c	of resider	cy from the	claimant.	
Did the applicant's name appear as an assessee imme	ediately prior to the	e above-refere	enced trans	sfer?	Yes [No			
For this applicant, has your county previously granted Yes No If yes, what is the date of	•	transfer for a	ge or disal	bility pu	rsuant to Se	ction 2.1	article XIII /	A (Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTRO	YED BY DISA	STER FO	R WHI	CH THE GOV	/FRNOR	DECLARE	D A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disa			Was the property sold in its damaged state? Yes No	
Fair Market Value immediately prior to disaster:	et Value immediately prior to disaster: Factored Base Year Value (prior to \$				saster): Roll Year (year-year):				
Land Factored Base Year Value (prior to disaster): \$		Imp	orovement	Factore	ed Base Year	r Value (բ	prior to disas	ster): \$	
Was the property eligible for exemption?	☐ No If	no, the receivi	ing county	must re	equest proof	of reside	ncy from th	e claimant.	
Did the applicant's name appear as an assessee imm					Yes [No	1		
Name of Contact:	CERTIFIC	ATION OF Y	VALUE		Address:				
County Assessor's Office:				Phone	Number:				
	CERTIFICA	TION OF V	ALUE F	REQU	ESTED B	Y:			
Name of Contact:		Email Addres	ss:				Phone Num	ber:	