CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip

COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

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 permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. Please complete Section B of this form and return it to our office at the address above.

A. ORIGINAL PRIMARY RESIDENCE	(TO BE COMPLETED BY	THE R	EQUESTING ASSESSOR \	NITH INFORM	ATION 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 I	BE COMPLETED BY THE A	SSES	SOR FROM COUNTY OF C	ORIGINAL PRI	IMARY 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	Improvement FBYV: \$		Imp Base Year:	
Fair Market Value at Time of Sale:		Multiple B	ase Year (attach explanation)			
Total Land Value: \$	Total Improvement Value: \$					
Was entire property used as a primary residence?	Property description, if other than primary residence:					

Improvement FMV Land FMV If no, FMV allocated to primary residence: \$ \$ Was the property receiving an exemption? Yes No HOX DVX If no, the receiving county must request proof of residency from the claimant.

Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? Yes No

PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTR	ROYED BY	DISASTER FOR WH	IICH THE GOVERNOR DECLAR	ED A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	Date of disaster (if applicable):		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 disaster):			Roll Year (year-year):		
Land Factored Base Year Value (prior to disaster): \$ Improvement Factored				ored Base Year Value (prior to disaster): \$		
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.						
Did the applicant's name appear as an assessee imme	diately prior to	the above-	referenced transfer?	Yes No		
COMMENTS:						

CERTIFICATION OF VALUE PROVIDED BY:							
Name of Contact:			Email Address:				
County Assessor's Office:			Phone Number:				
CERTIFICATION OF VALUE REQUESTED BY:							
Name of Contact:	Er	ail Address:		Phone Number:			
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