EF-19-C-R03-0524-01000170-1 BOE-19-C (P1) REV. 03 (05-24)

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

PHONG LA, ASSESSOR

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

COUNTY OF ALAMEDA

County Assessor

Address

City, State, Zip

who is at least age 55 or severely and permoriginal primary residence to a replacement Please complete Section B of this form and I	nanently disabled or a primary residence loca	victim of a wildfii ted anywhere in	e or natural disaster California.		
A. ORIGINAL PRIMARY RESIDENCE (T				VITH INFORMATION 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	COMPLETED BY THE	ASSESSOR FR	OM COUNTY OF O	RIGINAL 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 Improvem	ent FBYV: \$	Imp Base Year:	
Fair Market Value at Time of Sale:				Multiple Base Year (attach explanation)	
Total Land Value: \$			Total Improvement Value: \$		
Was entire property used as a primary residence?	Yes No Uni	known Property	description, if other than		
If no, FMV allocated to primary residence: Land FMV \$			Improvement FMV \$		
Was the property receiving an exemption? Yes	No HOX	DVX If no, the	receiving county must re	equest proof of residency from the claimant.	
Did the applicant's name appear as an assessee imme	ediately prior to the above-r	referenced transfer?	Yes No		
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTROYED BY	DISASTER FOR W	HICH THE GOVERNOR	DECLARED 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		
\$					
Land Factored Base Year Value (prior to disaster): \$		Improvement Fact	ored Base Year Value (p	orior to disaster): \$	
Was the property eligible for exemption? Yes	No If no, the re	eceiving county mus	t request proof of reside	•	
Did the applicant's name appear as an assessee imm	nediately prior to the above-	-referenced transfer	Yes No		
COMMENTS:					
Name of Contact	CERTIFICATION				
Name of Contact:		Em	ail Address:		
County Assessor's Office:		Pho	ne Number:		
	CERTIFICATION C	F VALUE REQ	UESTED BY:		
Name of Contact:	Email A	Address:		Phone Number:	

