

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 REQUESTING ASSESSOR WITH INFORMATION FROM CLAIMANT)

Form A: 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 FROM COUNTY OF ORIGINAL PRIMARY RESIDENCE)

Form B: Confirmation of Sale Price, Confirmation of Date of Sale, Recorder's Document Number, Date of Recording, Total Property FBV, Roll Year, Land Base Year, Total Improvement FBV, Imp Base Year, Fair Market Value at Time of Sale, Total Land Value, Total Improvement Value, Property description, FMV allocation, Exemption status, Applicant name appearance

PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY

Form C: Was property substantially damaged or destroyed by a Governor-proclaimed disaster?, Date of disaster, Type of disaster, Was the property sold in its damaged state?, 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 Base Year Value (prior to disaster), Exemption status, Applicant name appearance

COMMENTS:

CERTIFICATION OF VALUE PROVIDED BY:

Form D: Name of Contact, Email Address, County Assessor's Office, Phone Number

CERTIFICATION OF VALUE REQUESTED BY:

Form E: Name of Contact, Email Address, Phone Number

THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION.

