EF-19-C-R01-0522-03000442-1

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



## James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

County Assessor	WIF OR S
Address	Data and Data ADM
City, State, Zip	Replacement Residence APN

Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disablesidence to a replacement primary residence lesidence has been filed with the priginal primary residence located in	led or a vic ocated any Cou	tim of a wildfi where in Cal	ire or nat ifornia. A or's Office	tural dis in appli e. Since	saster to tra cation for a e the claim	ansfer t a base involv	heir base year value es the tra	year e tran nsfer	value from an original prima nsfer to a replacement prima of a base year value from	
Please complete Section B of this form and retu	ırn it to our	office at the a	address a	above.						
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION	THAT WAS	PROVII	DED T	O THE AS	SESS	OR BY TH	HE C	LAIMANT)	
Applicant Name:				Application Date:						
Situs Address of Property Sold:			Cit	ty:						
County:			Ass	sessor's	Parcel/ID Nu	ımber:				
Sale Price:				Date of Sale:						
B. REQUESTED INFORMATION										
Confirmation of Sale Price:				Confirmation of Date of Sale:						
Recorder's Document Number:				Date of Recording:						
Total Property FBYV (prior to sale): \$			Rol	Roll Year (year-year):						
Total Land FBYV: \$	Land Base Y	'ear:	Total Impr	provement FBYV: \$ Imp Base Year:				Imp Base Year:		
Fair Market Value at Time of Sale:		- 1					Multip	ple Ba	se Year (attach explanation)	
Total Land Value: \$			Tota	otal Improvement Value: \$						
Was entire property used as a primary residence? Yes No					roperty description, if other than primary residence:					
in no, i mir anocated to primary recidence.	Land FMV \$				Improvement FMV   \$					
Was the property eligible for exemption?	] No	If no, the receive	ing county	must red	quest proof of	f resider	ncy from the	claim	ant.	
Did the applicant's name appear as an assessee immed	iately prior to	the above-refer	renced tran	nsfer?	Yes	No				
For this applicant, has your county previously granted a  Yes No If yes, what is the date of ex	•	lue transfer for a	age or disa	ability pu	rsuant to Sec	ction 2.1	article XIII	A (Pro	p 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMA	AGED/DESTF	ROYED BY DIS	ASTER FO	OR WHIC	CH THE GOV	/ERNOR	DECLARE	DAS	TATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					1 71				the property sold in its ged state? Yes No	
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (	prior to dis	saster):	Roll Year (ye	ar-year)	:			
Land Factored Base Year Value (prior to disaster): \$	1.7				Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption? Yes	ty must request proof of residency from the claimant.									
Did the applicant's name appear as an assessee immed	diately prior to	the above-refe	erenced tra	insfer?	Yes	No	•			
Name of Contact:	CERTIFI	CATION OF	VALUE		IDED BY: Address:					
County Assessor's Office:					Phone Number:					
	CERTIFIC	ATION OF	VALUE I	REQUI	ESTED BY	<u>/:</u>				
Name of Contact:		Email Addre					Phone Num	nber:		