EF-19-C-R03-0524-03000191-1 BOE-19-C (P1) REV. 03 (05-24)

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

Assessor of Amador County 810 Court Street Jackson, CA 95642

James B Rooney

PH: (209) 223-6351 FAX: (209) 223-6721

County Assessor

Address

City, State, Zip

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 permoriginal primary residence to a replacement Please complete Section B of this form and a	primary residen	ce located	anywher	e in C	alifornia.	saster to trans	sfer their base year value from a
A. ORIGINAL PRIMARY RESIDENCE (T	O BE COMPLE	TED BY TH	HE REQ	UEST	ING ASSESS	OR WITH INF	ORMATION 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 E	BY THE AS	SESSO	R FRC	OM COUNTY (OF ORIGINAL	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 I			provement FBYV: \$ Imp Base Year:			Imp Base Year:
Fair Market Value at Time of Sale:						Mult	tiple Base Year (attach explanation)
Total Land Value: \$				Total Improvement Value: \$			
Was entire property used as a primary residence? Yes No Unknown				Property description, if other than primary residence:			
If no, FMV allocated to primary residence:	Land FMV			Improvement FMV \$			
Was the property receiving an exemption? Yes	☐ No ☐ HO)X 🗌 D\	VX If n	o, the re	eceiving county r	must request pro	oof of residency from the claimant.
Did the applicant's name appear as an assessee imme	ediately prior to the	above-refer	enced trar	sfer?	Yes	No	
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTRO	ED BY DIS	ASTER FO	OR WH	ICH THE GOVE	RNOR DECLAR	ED A STATE OF EMERGENCY
as property substantially damaged or destroyed by a overnor-proclaimed disaster? Yes No				Type of disaster (if applicable): Was the property sold in its damaged state? Yes No			
air Market Value immediately prior to disaster: Factored Base Year Value (prior to \$				aster):	Roll Year (year	-year):	
Land Factored Base Year Value (prior to disaster): \$		lm	provemen	t Factor	red Base Year Va	alue (prior to disa	aster): \$
Was the property eligible for exemption?	☐ No If r	no, the receiv	ing county	y must i	request proof of	residency from t	he claimant.
Did the applicant's name appear as an assessee imm	nediately prior to the	e above-refe	renced tra	nsfer?	Yes	No	
COMMENTS:							
Name of Contact	CERTIFICA	TION OF	VALUE	1			
Name of Contact:				Email	I Address:		
County Assessor's Office:				Phone	e Number:		
	CERTIFICAT	ION OF \	/ALUE	REQU	JESTED BY:		
Name of Contact:	of Contact: Email Address:					Phone Nu	mber:

