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



Address

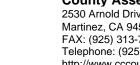
City, State, Zip

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 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. An application for a base year value transfer to a replacement primary residence has been filed with the ______ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence has been filed with the ______ County Assessor's Office. original primary residence located in County, we are requesting the following information from your office.

Please complete Section B of this form and return it to our office at the address above.

Applicant Name:			Application Date:				
Situs Address of Property Sold:				City:			
County:				Assessor's Parcel/ID Number:			
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): \$				Roll Year (year-year):			
tal Land FBYV: \$ Land Base Year: Tot			Total Ir	I Improvement FBYV: \$			Imp Base Year:
Fair Market Value at Time of Sale: \$						Mult	iple Base Year (attach explanation
Total Land Value: \$			-	Total Improvement Value: \$			
Was entire property used as a primary residence? Yes No				Property description, if other than primary residence:			
If no, FMV allocated to primary residence: Land FMV \$				Improvement FMV \$			
Was the property eligible for exemption? Yes	_	o, the rece	eiving cour	nty must r	equest proof of res	idency from th	e claimant.
Did the applicant's name appear as an assessee imme	diately prior to the	e above-re	ferenced t	ransfer?	Yes	No	
For this applicant, has your county previously granted a	-	transfer fo	or age or o	lisability p	oursuant to Section	2.1 article XIII	A (Prop 19)?
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM		YED BY D	ISASTER	FOR WH		IOR DECLAR	ED A STATE OF EMERGENCY
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No			able):	Type of disaster (if application		if applicable):	Was the property sold in its damaged state?
Fair Market Value immediately prior to disaster: \$	Factored Base Year Value (prior to \$			disaster):	saster): Roll Year (year-year):		
Land Factored Base Year Value (prior to disaster): \$	actored Base Year Value (prior to disaster): \$			ement Factored Base Year Value (prior to disaster): \$			
Was the property eligible for exemption? Yes	No If	no, the rec	ceiving cou	inty must	request proof of re	sidency from t	he claimant.
Did the applicant's name appear as an assessee imme	diately prior to th	ne above-re	eferenced	transfer?	Yes	No	
Name of Contact:							
Name of Contact.				Email Address:			
County Assessor's Office:				Phone Number:			
	CERTIFICA		F VALUI	E REQU	JESTED BY:		
Name of Contact:		Email Address:					mber:
						I	



Gus Kramer

County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor