EF-19-C-R03-0524-07000172-1 BOE-19-C (P1) REV. 03 (05-24)

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address



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

City, State, Zip Replacement Residence APN								
Section 2.1(b) of article XIII A of the California Co who is at least age 55 or severely and permanently original primary residence to a replacement primary replease complete Section B of this form and return it to	lisabled or a vic esidence located	tim of I anyw	a wildfire here in C	or natural dalifornia.				
A. ORIGINAL PRIMARY RESIDENCE (TO BE CO	MPLETED BY T	HE R	EQUEST	ING ASSES	SOR V	ITH INFO	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 COMPLE	TED BY THE AS	SSESS	SOR FRO	OM COUNT	Y 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 Ba	se Year:	Total I	mproveme	ovement FBYV: \$			Imp Base Year:	
Fair Market Value at Time of Sale:						Multi	ple 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 \$				
vas the property receiving an exemption? Yes No HOX DVX				If no, the receiving county must request proof of residency from the claimant.				
Did the applicant's name appear as an assessee immediately prior	or to the above-refe	renced	transfer?	Yes [No			
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DE	STROYED BY DIS	SASTER	R FOR WH	ICH THE GOV	/ERNOR	DECLARE	D 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			damaged state? — —		
Fair Market Value immediately prior to disaster: Factored Base Year Value (prior t				o disaster): Roll Year (year-year):				
Land Factored Base Year Value (prior to disaster): \$	In	nprover	nent Factor	red Base Year	Value (p	rior to disa	ster): \$	
Was the property eligible for exemption? Yes No	If no, the recei	iving co	unty must	request proof	of reside	ncy from th	e claimant.	
Did the applicant's name appear as an assessee immediately pri	or to the above-refe	erenced	I transfer?	Yes [No			
COMMENTS:								
	IFICATION OF	VAL	JE PRO	VIDED BY:				
Name of Contact:			Email Address:					
County Assessor's Office:			Phone	e Number:				
CERTI	FICATION OF	VALU	E REQU	JESTED B	Y:			
Name of Contact:	Email Addr					Phone Nun	nber:	

