EF-19-C-R03-0524-09000150-1 BOE-19-C (P1) REV. 03 (05-24)

## **CERTIFICATION OF VALUE BY ASSESSOR** FOR BASE YEAR VALUE TRANSFER

JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719

**EL DORADO COUNTY** 

County Assessor

Address

City, State, Zip

Replacement Residence APN \_\_\_\_\_

Section 2.1(b) of article XIII A of the Ca who is at least age 55 or severely and per original primary residence to a replacemen Please complete Section B of this form and	rmanently disabled It primary residence	or a victim or a located any	of a wildfire where in C	e or natural disaste California.			
A. ORIGINAL PRIMARY RESIDENCE (	TO BE COMPLETE	ED BY THE	REQUEST	ING ASSESSOR V	WITH INFOR	RMATION FROM CLAIMANT)	
Applicant Name:			Application	Application Date:			
Situs Address of Property Sold:			City:	City:			
County:			Assessor	Assessor's Parcel/ID Number:			
Sale Price:				Date of Sale:			
B. REQUESTED INFORMATION (TO BE	COMPLETED BY	THE ASSE	SSOR FRO	OM COUNTY OF C	RIGINAL P	PRIMARY RESIDENCE)	
Confirmation of Sale Price:				Confirmation of Date of Sale:			
Recorder's Document Number:			Date of R	Date of Recording:			
Total Property FBYV (prior to sale): \$			Roll Year	Roll Year (year-year):			
Total Land FBYV: \$	Land Base Year:	Tota	I Improveme	Improvement FBYV: \$		Imp Base Year:	
Fair Market Value at Time of Sale:	1	-			Multiple	e 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 tha	n primary resi	idence:	
If no, FMV allocated to primary residence:  Land FMV  \$			•	Improvement FMV \$			
Was the property receiving an exemption? Yes	No HOX	XVD DVX	If no, the r	receiving county must	request proof	of residency from the claimant.	
Did the applicant's name appear as an assessee im	mediately prior to the a	above-reference	ed transfer?	Yes No			
PRINCIPAL RESIDENCE SUBSTANTIALLY D	AMAGED/DESTROYE	D BY DISAST	ER FOR WH	IICH THE GOVERNOR	R DECLARED	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 No			
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): \$	\$	Improv	ement Facto	red Base Year Value (	prior to disaste	er): \$	
Was the property eligible for exemption? Yes	S No If no	, the receiving	county must	request proof of reside	ency from the	claimant.	
Did the applicant's name appear as an assessee in	nmediately prior to the	above-referenc	ed transfer?	Yes No	)		
COMMENTS:							
N (0 1 1	CERTIFICAT	ION OF VA					
Name of Contact:			Emai	il Address:			
County Assessor's Office:			Phon	Phone Number:			
	CERTIFICATION	ON OF VAL	UE REQU	JESTED BY:			
me of Contact: Email Address:				Phone Numb	er:		

