EF-19-C-R01-0522-13000328-1

County Assessor

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



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

Address											
City, State, Zip Replacen	nent Residence	e APN									
Section 2.1(b) of article XIII A of the California (least age 55 or severely and permanently disabresidence to a replacement primary residence residence has been filed with the original primary residence located in	led or a victim ocated anywh Count	of a wildfire ere in Califo	e or natu ornia. Ar s Office.	ıral dis n appli . Sinc	saster to tra ication for a e the claim	ansfer that a base you	heir base year value es the tra	year va e trans nsfer o	alue from fer to a re f a base y	an original primary	
Please complete Section B of this form and retu	ırn it to our offi	ce at the ad	ldress al	bove.							
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION TI	HAT WAS F	PROVID	ED T	O THE AS	SESSC	OR BY TH	HE CL	AIMANT)	_	
Applicant Name: App					plication Date:						
Situs Address of Property Sold:				ity:							
County:				ssessor's Parcel/ID Number:							
Sale Price:				Date of Sale:							
B. REQUESTED INFORMATION											
				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			Improvement FBYV: \$ Imp Base Year:						ır:	
Fair Market Value at Time of Sale:							Multip	ole Base	Year (attac	ch explanation)	
Total Land Value: \$ Total					tal Improvement Value: \$						
Was entire property used as a primary residence? Yes No					operty description, if other than primary residence:						
no, FMV allocated to primary residence: Land FMV \$					Improvement FMV \$						
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.											
Did the applicant's name appear as an assessee immed	iately prior to the	above-referer	nced trans	sfer?	Yes [No					
For this applicant, has your county previously granted a Yes No If yes, what is the date of ex	·	transfer for ag	je or disat	oility pu	ırsuant to Se	ction 2.1	article XIII	A (Prop	19)?		
		/ED DV DIGA		D 14/11/		/EDNOB	DECL ADE	D A OT	TE OF EM	EDOENOV	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM Was property substantially damaged or destroyed by a				K WILL					property s		
as property substantially damaged or destroyed by a vernor-proclaimed disaster? Yes No				Type of disaster (if applicable): Was the proper damaged state						Yes No	
Fair Market Value immediately prior to disaster:	to disaster: Factored Base Year Value (prior to disaster: \$				aster): Roll Year (year-year):						
Land Factored Base Year Value (prior to disaster): \$		Impr	rovement	Factore	ed Base Yea	r Value (p	rior to disa	ster): \$			
Was the property eligible for exemption?	No If n	no, the receivir	ng county	must r	equest proof	of reside	ncy from th	e claima	nt.		
Did the applicant's name appear as an assessee imme	diately prior to the	e above-refere	enced tran	sfer?	Yes	No					
Name of Contact: CERTIFICATION OF VALUE I					PROVIDED BY: Email Address:						
County Assessor's Office:					Dhone Number						
					Phone Number:						
	CERTIFICAT			REQU	ESTED B						
Name of Contact:		Email Address	s:				Phone Num	nber:			