EF-19-C-R01-0522-14000452-1

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



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

County Assessor	
Address	
City, State, Zip	Replacement Residence APN

Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disables denoted to a replacement primary residence lesidence has been filed with the priginal primary residence located in	led or a vic ocated any Cou	tim of a wildf where in Cal	ire or nat ifornia. A or's Office	tural dis ın applic e. Since	aster to tra cation for a the claim	ansfer t a base involve	heir base year valu es the tra	year e tran nsfer	value from an original prim nsfer to a replacement prim of a base year value from	
Please complete Section B of this form and retu	ırn it to our	office at the a	address a	above.						
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION	THAT WAS	PROVII	DED TO	O THE AS	SESS	OR BY TH	HE C	LAIMANT)	
Applicant Name:				Application Date:						
Situs Address of Property Sold:			Cit	ty:						
County:			Ass	sessor's	Parcel/ID Nu	mber:				
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):						
Total Land FBYV: \$	Land Base Y	'ear:	Total Impr	rovement	FBYV: \$			I	Imp Base Year:	
Fair Market Value at Time of Sale:		,					Multip	ple Ba	se Year (attach explanation)	
Total Land Value: \$			Tota	al Improv	ement Value	e: \$				
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:					
in no, i mir anocated to primary recidence.	Land FMV				Improvement FMV \$					
Was the property eligible for exemption?] No	If no, the receive	ing county	must red	quest proof of	f resider	cy from the	claim	ant.	
Did the applicant's name appear as an assessee immed	iately prior to	the above-refer	renced tran	nsfer? [Yes	No				
For this applicant, has your county previously granted a Yes No If yes, what is the date of ex	•	lue transfer for a	age or disa	ability pur	rsuant to Sec	ction 2.1	article XIII /	A (Pro	p 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMA	AGED/DEST	ROYED BY DIS	ASTER FO	OR WHIC	H THE GOV	ERNOR	DECLARE	DAS	TATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				the property sold in its ged state? Yes No	
Fair Market Value immediately prior to disaster:	Factored Ba	se Year Value (Roll Year (ye					
and Factored Base Year Value (prior to disaster): \$ Improvem					nent Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption? Yes	No	If no, the receive	ving county	y must re	equest proof o	of reside	ncy from th	e clain	nant.	
Did the applicant's name appear as an assessee immed	diately prior to	the above-refe	erenced tra	insfer?	Yes	No				
Name of Contact:	CERTIFI	CATION OF	VALUE		IDFD BY: Address:					
County Assessor's Office:					Phone Number:					
	CERTIFIC	ATION OF	VALUE I	REQUE	ESTED BY	<u>/:</u>				
Name of Contact:		Email Addre					Phone Num	nber:		