EF-19-C-R01-0522-16000282-1



Kristine Lee Kings County Assessor 1400 W. Lacey Blvd.

Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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

County Assessor Address

City, State, Zip Replace	ment Reside	ence APN							
original primary residence located in	abled or a vio	ctim of a wildt ywhere in Cal ounty Assesso County, we ar	fire or na lifornia. / or's Offic e reques	atural disaster to An application fo ce. Since the clai sting the following	transfer r a base im involv	their base year valu es the tra	year v e trans insfer	value fror sfer to a of a base	m an original primary
Please complete Section B of this form and re					CCECC	OD DV TI	JE CI	Λ IN / Λ N I	
A. ORIGINAL PRIMARY RESIDENCE (INF Applicant Name:	ORIVIATIO	N IMAI WAS			SSESS	UKBIII	7E CI	AIIVIAIN	
Applicant Name.				oplication 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:			D	Date of Recording:					
Total Property FBYV (prior to sale): \$			R	Roll Year (year-year):					
Total Land FBYV: \$	Land Base Year: Total			Improvement FBYV: \$			Imp Base Year:		ear:
Fair Market Value at Time of Sale:			1			Multi	ple Bas	se Year (att	tach explanation)
Total Land Value: \$				otal Improvement Va	lue: \$				
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	☐ No	If no, the receiv	ring county	y must request proof	f of reside	ncy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	renced tra	nsfer? Yes	☐ No	ı			
For this applicant, has your county previously granted	a base year va	alue transfer for	age or dis	sability pursuant to S	Section 2.1	article XIII	A (Prop	19)?	
Yes No If yes, what is the date of	exclusion?								
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DEST	ROYED BY DIS	SASTER F	OR WHICH THE G	OVERNO	R DECLARE	ED A S	TATE OF E	MERGENCY
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:		ase Year Value (prior to di	saster): Roll Year	(year-year):			
\$ Land Factored Base Year Value (prior to disaster): \$	\$ Improvement Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$								
Was the property eligible for exemption? Yes	☐ No	If no, the recei	iving coun	ty must request prod	of of reside	ency from th	ne claim	ant.	
Did the applicant's name appear as an assessee imm	ediately prior t	to the above-refe	erenced tr	ansfer? Yes	No)			
Name of Contact:	CERTIF	ICATION OF	VALUE	Email Address:	Y:				
County Assessor's Office:				Phone Number:					
	CERTIFIC	CATION OF	VALUE	REQUESTED I	BY:				
Name of Contact:		Email Addr				Phone Nun	nber:		