EF-19-C-R01-0522-17000339-1

County Assessor

Address

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



**Richard Ford County Assessor-Recorder** 

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

City, State, Zip Replace	Replacement Residence APN									
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the original primary residence located in	abled or a vi located an Co	ctim of a wild vwhere in Ca	fire or r llifornia or's Of	natural d . An app fice. Sin	lisaster to to dication for ce the clair	ransfer a base m involv	their base year valu ves the tra	year value from the transfer to a cansfer of a base	m an original primary replacement primary	
Please complete Section B of this form and re	turn it to our	office at the	addres	s above						
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATIO	N THAT WAS	S PRO	VIDED.	TO THE AS	SSESS	OR BY T	HE CLAIMAN	Γ)	
Applicant Name:					Application 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:				Date of Recording:						
Total Property FBYV (prior to sale): \$				Roll Year (year-year):						
Total Land FBYV: \$	Land Base	Year:	Total In	mproveme	ent FBYV: \$			Imp Base Y	ear:	
Fair Market Value at Time of Sale:							Multi	iple Base Year (at	ach explanation)	
Total Land Value: \$					Total Improvement Value: \$					
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	ving cou	nty must r	request proof	of reside	ency from the	e claimant.		
Did the applicant's name appear as an assessee imme	ediately prior to	o the above-refe	erenced t	transfer?	Yes	☐ No	)			
For this applicant, has your county previously granted  Yes No If yes, what is the date of	-	alue transfer for	age or o	disability p	oursuant to S	ection 2.	1 article XIII	A (Prop 19)?		
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DEST	ROYED BY DIS	SASTER	FOR WH	IICH THE GO	VERNO	R DECLARI	ED A STATE 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				sold in its	
Fair Market Value immediately prior to disaster:	Factored B	ase Year Value	(prior to	disaster):	Roll Year (	year-year	r):			
				nent Factored Base Year Value (prior to disaster): \$						
Was the property eligible for exemption?  Yes No If no, the receiving county					ty must request proof of residency from the claimant.					
Did the applicant's name appear as an assessee imm	nediately prior	to the above-ref	erenced	transfer?	Yes	N	0			
Name of Contact: CERTIFICATION OF VALUE					Email Address:					
County Assessor's Office:					Phone Number:					
	CERTIFI	CATION OF	VALU	E REQU	JESTED E	3Y:				
Name of Contact:		Email Add	ress:				Phone Nur	mber:		

