EF-19-C-R01-0522-20000493-1

County Assessor

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



**Brett Frazier Madera County Assessor** 

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

Address											
City, State, Zip Replacer	nent Reside	nce APN									
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disal residence to a replacement primary residence residence has been filed with the original primary residence located in	oled or a vict located any Cou	tim of a wildfi where in Cal	ire or nat ifornia. A or's Office	tural di In appl e. Sinc	saster to traction for a second contraction to the claim	ansfer that a base y n involve	heir base year values es the tra	year val e transfe nsfer of	ue from an ori r to a replace a base year v	iginal primary ment primary	
Please complete Section B of this form and ret	urn it to our	office at the a	address a	above.							
A. ORIGINAL PRIMARY RESIDENCE (INFO					O THE AS	SESSC	OR BY TH	IE CLA	IMANT)		
Applicant Name: Applicant Name:					pplication 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:							
otal Property FBYV (prior to sale): \$				Roll Year (year-year):							
Total Land FBYV: \$	Land Base Year: Total I			mprovement FBYV: \$ Imp Base Year:							
Fair Market Value at Time of Sale:							Multi	ole Base Y	ear (attach expl	anation)	
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											
Did the applicant's name appear as an assessee imme	diately prior to	the above-refer	enced trar	nsfer?	Yes	No					
For this applicant, has your county previously granted a Yes No If yes, what is the date of each	•	ue transfer for a	age or disa	ability pu	ursuant to Se	ction 2.1	article XIII	A (Prop 19	))?		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAN	·	OVED BY DIS	ASTED E	DD WILLI	CH THE GOV	VEDNOD	DECLARE	D A STAT	E OE EMEDGE	NCV	
as property substantially damaged or destroyed by a povernor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the property sold in its					ts	
Fair Market Value immediately prior to disaster:	isaster: Factored Base Year Value (prior to disaster: \$				aster): Roll Year (year-year):						
Land Factored Base Year Value (prior to disaster): \$											
Was the property eligible for exemption?	No	If no, the recei	ving county	y must r	equest proof	of reside	ncy from th	e claimant	i.		
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	renced tra	nsfer?	Yes	No					
Name of Contact:				PROVIDED BY: Email Address:							
County Assessor's Office:				Phone Number:							
	CERTIFIC	ATION OF V	VALUE	REQU	ESTED B	Y:					
Name of Contact:		Email Addre	ess:				Phone Nun	nber:		_	