EF-19-C-R01-0522-25000329-1

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



Kristen DePaul **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

	LIFORN						
County Assessor	All the second s						
Address							
City, State, Zip	Replacement Residence APN						

Sity, State, Zip										
Section 2.1(b) of article XIII A of the California east age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the	bled or a vict located anyv Cou	im of a wildf where in Cal	ire or nat ifornia. A or's Office	ural disa In applic e. Since	aster to tra ation for a the claim	ansfer tl a base y ı involve	heir base year values es the tra	year e tran insfer	value from an original primary sfer to a replacement primary of a base year value from an	
Please complete Section B of this form and ret	urn it to our o	office at the a	address a	above.						
A. ORIGINAL PRIMARY RESIDENCE (INF					THE AS	SESSC	OR BY TH	HE CI	LAIMANT)	
Applicant Name: Ap					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:			Da	Date of Recording:						
otal Property FBYV (prior to sale): \$			Rol	Roll Year (year-year):						
Total Land FBYV: \$	Land Base Y	ear:	Total Impr	rovement	FBYV: \$			I	mp Base Year:	
Fair Market Value at Time of Sale:							Multi	ple Bas	se Year (attach explanation)	
Total Land Value: \$					otal Improvement Value: \$					
Vas entire property used as a primary residence? Yes No				roperty description, if other than primary residence:						
in no, i wiv anodatod to primary reordenees.	_and FMV	Improvement FMV \$								
Was the property eligible for exemption? Yes	Nolf	no, the receiv	ing county	must requ	uest proof o	f residen	cy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	renced tran	nsfer?	Yes	No				
For this applicant, has your county previously granted a	base year vali	ue transfer for	age or disa	ability purs	suant to Sec	ction 2.1	article XIII	A (Prop	19)?	
Yes No If yes, what is the date of e	xclusion?									
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	IAGED/DESTR	OYED BY DIS	ASTER FO	OR WHICI	H THE GOV	/ERNOR	DECLARE	ED A S	TATE OF EMERGENCY	
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:	Factored Base Year Value (prior to disaster): Roll Y				Roll Year (ye	ear-year):				
Land Factored Base Year Value (prior to disaster): \$		Im	nprovemen	t Factored	d Base Year	Value (p	rior to disa	ster): \$		
Was the property eligible for exemption?	No	If no, the recei	ving county	y must red	quest proof	of reside	ncy from th	ne claim	nant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	erenced tra	nsfer?	Yes	No				
Name of Contact:	CERTIFIC	CATION OF	VALUE	Email A						
County Assessor's Office:				Phone N	Number:					
	CERTIFIC	ATION OF	VALUE I	REQUE	STED BY					
Name of Contact:		Email Addr	ess:				Phone Nun	nber:		