EF-19-C-R01-0522-31000397-1

County Assessor

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



Matthew R. Maynard **Placer County Assessor** 2980 Richardson Drive

Auburn, CA 95603-2640 Phone: (530) 889-4300

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

Address		454								
City, State, Zip Replace	ment Residend	ce 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	bled or a victir located anywl Coun	n of a wildfi here in Cali ity Assesso	re or natur fornia. An r's Office.	al dis appli Since	saster to trace cation for a the claim	ansfer tha base y involve	neir base /ear valu es the tra	year value from ar	n original primary acement primary	
Please complete Section B of this form and ret	urn it to our of	fice at the a	ddress abo	ove.						
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION T	THAT WAS	PROVIDE	ED T	O THE AS	SESSC	R BY TI	HE CLAIMANT)		
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 Yea	Total Improv	Improvement FBYV: \$				Imp Base Year:			
Fair Market Value at Time of Sale:							Multi	iple Base Year (attach	explanation)	
Total Land Value: \$			Total	Impro	vement Valu	e: \$				
Was entire property used as a primary residence? Yes No				Property description, if other than primary residence:						
ii iio, i iiiv allocated to primary recidence.	Land FMV				Improvement FMV					
					unty must request proof of residency from the claimant.					
Did the applicant's name appear as an assessee imme	diately prior to th	e above-refer	enced transfe	er?	Yes	No				
For this applicant, has your county previously granted a	a base year value	transfer for a	age or disabil	lity pu	rsuant to Se	ction 2.1	article XIII	A (Prop 19)?		
Yes No If yes, what is the date of e	xclusion?									
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	MAGED/DESTRO	YED BY DISA	ASTER FOR	WHIC	CH THE GO	VERNOR	DECLAR	ED A STATE OF EMER	GENCY	
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	orior to disast	isaster): Roll Year (year-year):							
Land Factored Base Year Value (prior to disaster): \$										
Was the property eligible for exemption?	☐ No If	no, the receiv	ving county m	nust re	equest proof	of resider	ncy from th	ne claimant.		
Did the applicant's name appear as an assessee imme	ediately prior to the	ne above-refe	renced trans	fer?	Yes	No				
Name of Contact:	CERTIFIC	ATION OF			IDED BY: Address:					
County Assessor's Office:				Phone Number:						
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Name of Contact:		Email Addre	555 .				HOHE INUI	IIDOI.		

