EF-19-C-R01-0522-39000620-1

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

County Assessor

Address

City, State, Zip

Replacement Residence APN _

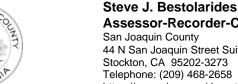
Section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows a homeowner who is at least age 55 or severely and permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. An application for a base year value transfer to a replacement primary residence has been filed with the ______ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence has been filed with the ______ County Assessor's Office. original primary residence located in County, we are requesting the following information from your office.

AQUIN

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Please complete Section B of this form and return it to our office at the address above.

A. ORIGINAL PRIMARY RESIDENCE (INF	FORMATION THAT W	AS PROVIDE	ED TO THE AS	SSESSC	OR BY THE	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 Year:	Total Improv	Improvement FBYV: \$			Imp Base Year:	-
Fair Market Value at Time of Sale: \$			Multiple Base Year (attach explanation)				
Total Land Value: \$			Total Improvement Value: \$				
Was entire property used as a primary residence?	Prope	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 rec	ceiving county m	ust request proof	of residen	cy from the cla	aimant.	
Did the applicant's name appear as an assessee imm	ediately prior to the above-re	eferenced transfe	er? 🗌 Yes	No			
For this applicant, has your county previously granted Yes No If yes, what is the date of	-	for age or disabil	ity pursuant to Se	ection 2.1 a	article XIII A (Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTROYED BY I	DISASTER FOR	WHICH THE GO	VERNOR	DECLARED	A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No				aster (if ap	• • •	as the property sold in its maged state? Yes	No
Fair Market Value immediately prior to disaster:	Factored Base Year Valu	ue (prior to disast	ter): Roll Year (y	/ear-year):			
Land Factored Base Year Value (prior to disaster): \$		Improvement F	vement Factored Base Year Value (prior to dis			r): \$	
Was the property eligible for exemption? Yes	No If no, the re	eceiving county n	nust request proof	f of resider	ncy from the c	laimant.	
Did the applicant's name appear as an assessee imn	nediately prior to the above-	referenced trans	fer? Yes	No			
Name of Contact:	CERTIFICATION (-			
			Email Address:				
County Assessor's Office:			Phone Number:				
	CERTIFICATION O	F VALUE RE	QUESTED B	Y:			
Name of Contact:	Email Ad	ddress:		F	Phone Numbe	r:	



Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone: (209) 468-2658 https://www.sjgov.org/department/assessor