EF-19-C-R01-0522-39000576-1

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



Steve J. Bestolarides **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

County Assessor Address

City, State, Zip Replace	ment Reside	ence APN								
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 priginal primary residence located in	bled or a vio located any Co	ctim of a wildf where in Cal ounty Assesso	ire or na lifornia. <i>I</i> or's Offic	tural disaster to t An application for e. Since the clai	ransfer a base m involv	their base year valu es the tra	year v e trans insfer	value fron sfer to a i of a base	n an original preplacement r	orimary orimary
Please complete Section B of this form and ref										_
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATIO	N THAT WAS			SSESS	OR BY TH	HE CL	_AIMAN1	<u> </u>	
Applicant Name:	Ap	Application Date:								
Situs Address of Property Sold:	Ci	City:								
County:				Assessor's Parcel/ID Number:						
Sale Price:				Date of Sale:						
B. REQUESTED INFORMATION			+							_
Confirmation of Sale Price:	Co	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 Imp	provement FBYV: \$			Ir	mp Base Y	ear:	_
Fair Market Value at Time of Sale:						Multi	ple Bas	e Year (att	ach explanation))
Total Land Value: \$	То	tal Improvement Val	ue: \$	•						
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?	☐ No	If no, the receiv	ing county	must request proof	of reside	ncy from the	e claima	ınt.		
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	renced tra	nsfer? Yes	☐ No)				
For this applicant, has your county previously granted	a base year va	alue transfer for	age or dis	ability pursuant to S	ection 2.1	article XIII	A (Prop	19)?		
Yes No If yes, what is the date of e	xclusion?									
PRINCIPAL RESIDENCE SUBSTANTIALLY DAI	MAGED/DEST	ROYED BY DIS	ASTER F	OR WHICH THE GO	OVERNO	R DECLARE	ED A ST	TATE OF E	MERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	le):	Type of disaster (if applicable): Was the property sold in its damaged state? Yes						lo		
Fair Market Value immediately prior to disaster:	Factored Ba	ase Year Value (prior to di	saster): Roll Year (year-year):				
Land Factored Base Year Value (prior to disaster): \$		In	nprovemer	nt Factored Base Ye	ar Value (prior to disa	ster): \$			
Was the property eligible for exemption?	ving coun	ounty must request proof of residency from the claimant.								
Did the applicant's name appear as an assessee imm	ediately prior t	o the above-refe	erenced tra	ansfer? Yes	☐ No	0				
Name of Contact:	CERTIE	ICATION OF	VALUE	Email Address:	/ :					_
County Assessor's Office:				Phone Number:						_
	CERTIFIC	CATION OF	VAI IIF	REQUESTED E	RY·					_
Name of Contact:		Email Addr			_ ••	Phone Nun	nber:			_
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