EF-19-C-R02-0523-39000342-1 BOE-19-C (P1) REV. 02 (05-23)

City, State, Zip



CERTIFICATION OF VALUE BY ASSESSOR

FOR BASE YEAR VALUE TRANSFER County Assessor Address

Replacement Residence APN

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

Steve J. Bestolarides

Section 2.1(b) of article XIII A of the Califo who is at least age 55 or severely and perma original primary residence to a replacement primary residence.	nently disabled or a	victim of	a wildfire	or natural				
Please complete Section B of this form and re	turn it to our office at	t the addr	ess abov	e.				
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION THAT V	VAS PRO	VIDED T	O THE ASS	SESSOI	R 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	Improveme	provement FBYV: \$			Imp Base Year:	
Fair Market Value at Time of Sale:						Multi	ple Base Year (attach explanation)	
Total Land Value: \$				Total Improvement Value: \$				
Was entire property used as a primary residence? Yes No Unknown				Property description, if other than primary residence:				
no, FMV allocated to primary residence: Land FMV \$			ļ	Improvement FMV \$				
Was the property receiving an exemption? Yes	No HOX	DVX	If no, the r	eceiving coun	ity must r	equest prod	of of residency from the claimant.	
Did the applicant's name appear as an assessee immed	liately prior to the above-	-referenced	transfer?	Yes	No			
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTROYED BY	DISASTE	R FOR WH	ICH THE GO	VERNOR	DECLARE	ED A STATE OF EMERGENCY	
Vas property substantially damaged or destroyed by a Date of disaster (if applicable): Governor-proclaimed disaster? Yes No				Type of disaster (if applicable): Was the property so damaged state?				
Fair Market Value immediately prior to disaster: Factored Base Year Value (prior to \$				disaster): Roll Year (year-year):				
Land Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$							ster): \$	
Was the property eligible for exemption?	No If no, the r	receiving co	ounty must	request proof	of reside	ncy from th	e claimant.	
Did the applicant's name appear as an assessee imme	diately prior to the above	e-referenced	d transfer?	Yes	No	ı		
COMMENTS:								
	CERTIFICATION	OF VAL	UE PRO	VIDED BY				
Name of Contact:				Email Address:				
County Assessor's Office:				Phone Number:				
	CERTIFICATION C	OF VALU	JE REQU	JESTED B	Y :			
Name of Contact:	Email A	Address:				Phone Nun	nber:	

