EF-19-C-R01-0522-40000536-1

City, State, Zip

BASE YEAR VALUE TRANSFER



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

County Assessor Address Replacement Residence APN _ Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

Section 2.1(b) of article XIII A of the California C east age 55 or severely and permanently disab residence to a replacement primary residence le residence has been filed with the priginal primary residence located in	led or a vic ocated any Cou	tim of a wildt where in Ca	fire ór n lifornia. or's Offi	atural di An appl ice. Sinc	saster to tra ication for a e the claim	ansfer to a base i involve	heir base year values es the tra	year v e trans nsfer c	alue fror fer to a of a base	n an original prin	nary nary	
Please complete Section B of this form and retu		-		•	J			,				
A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION	THAT WAS	S PRO\	/IDED T	O THE AS	SESSO	OR BY TH	HE CL	AIMAN	<u> </u>		
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:								
otal Property FBYV (prior to sale): \$				Roll Year (year-year):								
Total Land FBYV: \$	and FBYV: \$ Land Base Year: Tota				Improvement FBYV: \$ Imp Base Year:							
Fair Market Value at Time of Sale:							Multi	ple Base	e Year (att	ach explanation)		
Total Land Value: \$					Total Improvement Value: \$							
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? Yes] No	f no, the receiv	ing coun	nty must re	quest proof o	f residen	cy from the	claima	nt.			
Did the applicant's name appear as an assessee immedi	ately prior to	the above-refe	renced tr	ransfer?	Yes	No						
For this applicant, has your county previously granted a Yes No If yes, what is the date of exceptions of the second sec	,	ue transfer for	age or d	lisability po	ırsuant to Sec	ction 2.1	article XIII	A (Prop	19)?			
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMA	AGED/DEST	ROYED BY DIS	SASTER	FOR WHI								
Was property substantially damaged or destroyed by a Sovernor-proclaimed disaster? Yes No				Type of disaster (if applicable): Was the property sold i damaged state? \(\sqrt{\text{y}} \cdot \text{Y}					sold in its Yes No			
Fair Market Value immediately prior to disaster:	Factored Ba \$	se Year Value (, , , ,								
Land Factored Base Year Value (prior to disaster): \$ Improve					ment Factored Base Year Value (prior to disaster): \$							
Was the property eligible for exemption? Yes No If no, the receiving cour					inty must request proof of residency from the claimant.							
Did the applicant's name appear as an assessee immed	liately prior to	the above-refe	erenced t	transfer?	Yes	No						
Name of Contact:	CERTIFI	CATION OF	VALU		/IDFD BY: Address:							
County Assessor's Office:					Phone Number:							
	CERTIFIC	ATION OF	VALUE	REQU	ESTED BY	/ :						
Name of Contact:	<u> </u>	Email Addr	ess:				Phone Nun	nber:				