EF-19-C-R01-0522-40000381-1

Address

City, State, Zip



Replacement Residence APN \_

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

County Assessor

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 Constitutior least age 55 or severely and permanently disabled or a vic residence to a replacement primary residence located any	ctim of a wildfire where in Califo	or natura ornia. An a	al disaster to to application for	ransfer t a base	their base vear valu	year value from e transfer to a	m an orig replacem	jinal primary nent primary
residence has been filed with the Co	ounty Assessor's County, we are i	s Office. \$	Since the clair	n involv	es the tra	insfer of a base	year va	ılue from ań
Please complete Section B of this form and return it to our	office at the add	dress abo	ve.					
A. ORIGINAL PRIMARY RESIDENCE (INFORMATION	N THAT WAS F	PROVIDE	D TO THE AS	SSESS	OR BY TI	HE CLAIMAN	 Γ)	
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: To	otal Improv	mprovement FBYV: \$				ear:	
Fair Market Value at Time of Sale:					Multi	ple Base Year (at	ach explar	nation)
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	If no, the receiving	g county mu	st request proof	of resider	ncy from the	e claimant.		
Did the applicant's name appear as an assessee immediately prior to	the above-referen	ced transfe	r? Yes	☐ No				
For this applicant, has your county previously granted a base year value.  Yes No If yes, what is the date of exclusion?	alue transfer for ago	e or disabil	ty pursuant to Se	ection 2.1	article XIII	A (Prop 19)?		
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DEST	ROYED BY DISAS	STER FOR						
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	roperty substantially damaged or destroyed by a nor-proclaimed disaster? Yes No			Type of disaster (if applicable):			sold in its	
\$	ase Year Value (pri	or to disast	aster): Roll Year (year-year):					
Land Factored Base Year Value (prior to disaster): \$ Improve			ement Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption? Yes No	If no, the receivin	g county m	ust request proof	f of reside	ency from th	ne claimant.		
Did the applicant's name appear as an assessee immediately prior to	o the above-refere	nced transf	er? Yes	No	)			
Name of Contact:	ICATION OF V		ROVIDED BY mail Address:	<u>'-</u>				
County Assessor's Office:	P	Phone Number:						
OPDTIFIE A	NATION OF W		OUESTED 5	W.				
Name of Contact: CERTIFICATION OF VALUE			Phone Nu			mber:		

