## EF-19-C-R01-0522-41000586-1

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



Address

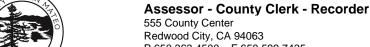
City, State, Zip

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.

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

A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION <sup>-</sup>	THAT WA	AS PROV	IDED 1	FO THE AS	SESSC	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 Im	otal 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? 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 county must request proof of residency from the claimant.									
Did the applicant's name appear as an assessee imme	ediately prior to th	ne above-re	ferenced tra	ansfer?	Yes	No			
For this applicant, has your county previously granted Yes No If yes, what is the date of e	-	e transfer fo	or age or di	sability p	ursuant to Sec	ction 2.1	article XIII A (	(Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DA	MAGED/DESTRO	OYED BY D	ISASTER F	OR WH	ICH THE GO	/ERNOR	DECLARED	A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	Date of disast	Date of disaster (if applicable):			Type of disaster (if applicable):			amaged state? Yes No	
Fair Market Value immediately prior to disaster: \$	Factored Base Year Value (prior to \$			isaster):	aster): Roll Year (year-year):				
				ment Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.									
Did the applicant's name appear as an assessee imm	ediately prior to t	he above-re	eferenced tr	ransfer?	Yes	No			
CERTIFICATION OF VALU Name of Contact:					IE PROVIDED BY: Email Address:				
				Email	Address:				
County Assessor's Office:				Phone Number:					
CERTIFICATION OF VALUE REQUESTED BY:									
Name of Contact:		Phone Number:				er:			



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MARK CHURCH