EF-19-C-R01-0522-45000331-1

County Assessor

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



LESLIE MORGAN ASSESSOR-RECORDER

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600

Intra_County toll free: 1(800)479-8009

Address									
City, State, Zip Replacer	State, Zip Replacement Residence APN								
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disal residence to a replacement primary residence residence has been filed with the original primary residence located in	oled or a vict located any Cou	tim of a wild where in Ca	fire or lifornia or's Of	natural di a. An app ffice. Sind	saster to tra lication for a se the claim	ansfer t a base ı involv	heir base year value es the trai	year value from an original primary e transfer to a replacement primary nsfer of a base year value from an	
Please complete Section B of this form and ret	urn it to our o	office at the	addres	ss above.					
A. ORIGINAL PRIMARY RESIDENCE (INFO	ORMATION	THAT WAS	SPRC	VIDED 1	O THE AS	SESS	OR BY TH	HE 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 I				mprovement FBYV: \$ Imp Base Year:				
Fair Market Value at Time of Sale:							Multip	ple Base Year (attach explanation)	
Total Land Value: \$				Total Impre	Total Improvement Value: \$				
Was entire property used as a primary residence? Yes No				Property of	Property description, if other than primary residence:				
in no, i wiv anocated to primary recidence.	I 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	diately prior to	the above-refe	renced	transfer?	Yes [No			
For this applicant, has your county previously granted a Yes No If yes, what is the date of each of the Yes.	•	ue transfer for	age or	disability p	ursuant to Se	ction 2.1	article XIII A	A (Prop 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAN	AGED/DESTR	ROYED BY DIS	SASTER	R FOR WH	CH THE GOV	/ERNOR	DECLARE	D A STATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the property sold in its damaged state? Yes No				
Fair Market Value immediately prior to disaster:	Factored Base Year Value (prior to disast				ster): Roll Year (year-year):				
and Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$								ster): \$	
Was the property eligible for exemption? Yes	No	If no, the rece	iving co	ounty must	request proof	of reside	ncy from the	e claimant.	
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	erenced	I transfer?	Yes	No	1		
Name of Contact:					PROVIDED BY: Email Address:				
County Assessor's Office:					Phone Number:				
	E REQU	ESTED B	Y:						
Name of Contact:		Email Addı					Phone Num	nber:	