EF-19-C-R01-0522-51000309-1

County Assessor

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



## **KATHY SCRIVEN** SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

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Address										
City, State, Zip Replacen	nent Residenc	ce APN								
Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disablesidence to a replacement primary residence residence has been filed with the poriginal primary residence located in	oled or a victin located anywh Coun	n of a wildfi here in Cali ity Assesso	ire or nat ifornia. A or's Office	ural di n appl e. Sinc	saster to tra	ansfer t a base involv	heir base year value es the trai	year e tran nsfer	value from an original primary sfer to a replacement primary of a base year value from ar	
Please complete Section B of this form and retu									_	
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION T	THAT WAS	PROVII	DED T	O THE AS	SESS	OR BY TH	HE CI	LAIMANT)	
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: \$	Land Base Yea	ar:	Total Impr	oveme	nt FBYV: \$			li li	mp Base Year:	
Fair Market Value at Time of Sale: \$							Multip	ple Bas	se 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:						
f no, FMV allocated to primary residence:  Land FMV \$					Improvement FMV \$					
Was the property eligible for exemption? Yes	No If n	no, the receivi	ing county	must re	equest proof o	f resider	icy from the	claima	ant.	
Did the applicant's name appear as an assessee immed	liately prior to the	e above-refer	enced tran	sfer?	Yes	No				
For this applicant, has your county previously granted a  Yes No If yes, what is the date of ex	•	transfer for a	age or disa	ability p	ursuant to Sec	ction 2.1	article XIII A	A (Prop	o 19)?	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM		VED BY DIS	ASTED EC	JB WHI	CH THE GOV	/EDNOE	DECLARE	:D V 8.	TATE OF EMERGENCY	
Was property substantially damaged or destroyed by a covernor-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 disa				ster): Roll Year (year-year):					
					t Factored Base Year Value (prior to disaster): \$					
Was the property eligible for exemption? Yes					request proof			e claim	nant.	
Did the applicant's name appear as an assessee imme					Yes _	No	1			
Name of Contact:	CERTIFICA	ATION OF	VALUE		/IDFD BY: Address:					
County Assessor's Office:					Phone Number:					
	CERTIFICA	TION OF V	VALUE I	REQU	ESTED BY	<b>/</b> :				
Name of Contact:		Email Addre					Phone Num	nber:		
		1				- 1				