EF-19-C-R01-0522-51000380-1

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

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Address												
City, State, Zip Replacen	nent Resid	lence 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 v located ar C	ictim of a wildf wwhere in Cal	fire or na lifornia. or's Offic	atural di An app ce. Sinc	saster to tr lication for se the clain	ansfer t a base n involve	heir base year valu es the tra	year e tran nsfer	value from a sfer to a rep of a base y	an original primary		
Please complete Section B of this form and retu	ırn it to ou	r office at the	address	above.								
A. ORIGINAL PRIMARY RESIDENCE (INFO	ORMATIO	N THAT WAS	S PROV	IDED 1	O THE AS	SESS	OR BY TH	HE C	LAIMANT)			
Applicant Name: App					plication Date:							
Situs Address of Property Sold:					Dity:							
County:					Assessor's Parcel/ID Number:							
Sale Price:					Date of Sale:							
B. REQUESTED INFORMATION												
onfirmation of Sale Price:				Confirmation of Date of Sale:								
Recorder's Document Number:				Date of Recording:								
stal Property FBYV (prior to sale): \$				Roll Year (year-year):								
Total Land FBYV: \$	\$ Land Base Year: Total				Improvement FBYV: \$ Imp Base Year:							
Fair Market Value at Time of Sale:							Multip	ple Ba	se Year (attacl	h explanation)		
Total Land Value: \$					otal Improvement Value: \$							
Was entire property used as a primary residence? Yes No					Property description, if other than primary residence:							
no, FMV allocated to primary residence: Land FMV \$					Improvement FMV   \$							
Was the property eligible for exemption? Yes	No	If no, the receiv	ring count	ty must re	equest proof	of resider	cy from the	claim	ant.			
Did the applicant's name appear as an assessee immed	diately prior t	to the above-refe	renced tra	ansfer?	Yes	No						
For this applicant, has your county previously granted a	base year v	alue transfer for	age or di	sability p	ursuant to Se	ction 2.1	article XIII	A (Pro	o 19)?			
Yes No If yes, what is the date of ex	clusion?											
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DES	TROYED BY DIS	SASTER I	FOR WH	CH THE GO	VERNOR	DECLARE	DAS	TATE OF EME	ERGENCY		
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 disas				aster): Roll Year (year-year):							
Land Factored Base Year Value (prior to disaster): \$		In	nproveme	ent Factor	ed Base Yea	r Value (p	orior to disa	ster): \$	5			
Was the property eligible for exemption?	No	If no, the recei	iving cour	nty must	equest proof	of reside	ncy from th	e clain	nant.			
Did the applicant's name appear as an assessee imme	diately prior	to the above-refe	erenced tr	ransfer?	Yes	No	ı					
Name of Contact:	CERTIF	ICATION OF	VALUI		/IDED BY Address:	<u>.                                    </u>						
County Assessor's Office:					Phone Number:							
	CERTIFI	CATION OF	VALUE	REQU	ESTED B	<b>Y</b> :						
Name of Contact:		Email Addr	ess:				Phone Nun	nber:				