EF-19-C-R01-0522-53000326-1

County Assessor

Address

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



**Shanna White County Clerk-Recorder-Assessor** 

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398

assessor@trinitycounty.org

City, State, Zip Replace	ment Residend	ce APN									
Section 2.1(b) of article XIII A of the California east age 55 or severely and permanently disaresidence to a replacement primary residence residence has been filed with the	ibled or a victir located anywl Coun	n of a wildfi here in Cali	re or natu fornia. Ar r's Office	ıral dis n applic . Since	aster to tra cation for a the claim	ansfer f a base ı involv	their base year valudes the tra	year v e trans nsfer	value from an original p sfer to a replacement p of a base year value fro	imary imary	
Please complete Section B of this form and re	turn it to our of	fice at the a	ddress al	bove.						_	
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION T	THAT WAS	PROVID	DED TO	O THE AS	SESS	OR BY TH	HE CL	LAIMANT)		
Applicant Name:					Application Date:						
Situs Address of Property Sold:											
County:				Assessor's Parcel/ID Number:							
Sale Price:				Date of Sale:							
B. REQUESTED INFORMATION										_	
Confirmation of Sale Price:			Con	Confirmation of Date of Sale:							
Recorder's Document Number:			Date	Date of Recording:							
Fotal Property FBYV (prior to sale): \$			Roll	Roll Year (year-year):						_	
Total Land FBYV: \$	Land Base Yea	ar:	Total Impro	ovement	FBYV: \$			Ir	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:							
If no, FMV allocated to primary residence:	Land FMV				Improvement FMV \$						
Was the property eligible for exemption?	No If r	no, the receivi	ng county r	must req	uest proof o	f reside	ncy from the	claima	ant.	_	
Did the applicant's name appear as an assessee imme	ediately prior to th	e above-refere	enced trans	sfer?	Yes	No					
For this applicant, has your county previously granted  Yes No If yes, what is the date of e	•	e transfer for a	age or disal	bility pur	suant to Sec	ction 2.1	article XIII	A (Prop	19)?	_	
PRINCIPAL RESIDENCE SUBSTANTIALLY DAI	MAGED/DESTRO	VED BY DIS	ASTER FO	P WHIC	H THE GOV	/EDNO	DECLARE	:D A S1	TATE OF EMERGENCY	-	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disas			Was th	he property sold in its ged state? Yes No	_	
Fair Market Value immediately prior to disaster:	/alue immediately prior to disaster: Factored Base Year Value (prior to d				aster): Roll Year (year-year):					_	
. '					t Factored Base Year Value (prior to disaster): \$						
Was the property eligible for exemption?	☐ No If	no, the receiv	ring county	must re	quest proof	of reside	ency from th	e claim	nant.	_	
Did the applicant's name appear as an assessee imm	ediately prior to th	he above-refei	renced tran	sfer?	Yes [	No	)			_	
Name of Contact:	CERTIFICA	ATION OF	VALUE		IDED BY: Address:					-	
County Assessor's Office:					Phone Number:						
	CERTIFICA	TION OF V	/ALUE F	REQUE	STED B	Y:				_	
Name of Contact:		Email Addre	ess:				Phone Num	nber:			