EF-19-C-R01-0522-03000187-1

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



James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

County Assessor	WIFORD			
Address				
City, State, Zip	Replacement Residence APN			

City, State, Zip					
Section 2.1(b) of article XIII A of the California Co east age 55 or severely and permanently disable residence to a replacement primary residence loo	d or a victim o ated anvwher	f a wildfire or natu e in California. Ar	ral disaster to transfer to application for a base	heir base yo vear value	ear value from an original primary
residence has been filed with the priginal primary residence located in			. Since the claim involve ing the following informa		sfer of a base year value from ai
Please complete Section B of this form and return		•	•	idon nom y	our office.
A. ORIGINAL PRIMARY RESIDENCE (INFOR				OR BY THE	CLAIMANT)
Applicant Name:		Арр	lication Date:		<u></u>
Situs Address of Property Sold:		City	r:		
County:		Ass	essor's P <mark>ar</mark> cel/ID Number:		
Sale Price:		Date	e of Sale:		\boldsymbol{A}
B. REQUESTED INFORMATION					_
Confirmation of Sale Price:		Con	firmation of Date of Sale:		
Recorder's Document Number:		Date	e of Recor <mark>din</mark> g:		_
Total Property FBYV (prior to sale): \$		Roll	Year (year-year):		
Total Land FBYV: \$	and Base Year:	Total Impro	ovement FBYV: \$		Imp Base Year:
Fair Market Value at Time of Sale:				Multiple	Base Year (attach explanation)
Total Land Value: \$		Tota	I Impro <mark>ve</mark> ment Value: \$		
	d FMV	Pro	perty description, if other that Improve	n primary resi	dence:
Was the property eligible for exemption? Yes	No If no, t	he receiving county i	must request proof of residen	ncy from the c	laimant.
Did the applicant's name appear as an assessee immediat	ely prior to the al	ove-referenced trans	sfer? Yes No		
For this applicant, has your county previously granted a ba		nsfer for age or disal	pility pursuant to Section 2.1	article XIII A	(Prop 19)?
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAG	ED/DESTROYE	D BY DISASTER FO	R WHICH THE GOVERNOR	DECLARED	A STATE OF EMERGENCY
Nas property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No			Type of disaster (if ap		amaged state? Yes No
\$		ar Value (prior to disa			
Land Factored Base Year Value (prior to disaster): \$		Improvement	Factored Base Year Value (p	orior to disaste	er): \$
Was the property eligible for exemption?	No If no,	the receiving county	must request proof of reside	ency from the	claimant.
Did the applicant's name appear as an assessee immedia	tely prior to the a	bove-referenced tran	sfer? Yes No)	
Name of Contact:	CERTIFICATI	ON OF VALUE	_		
Name of Contact.			Email Address:		
County Assessor's Office:			Phone Number:		
C	ERTIFICATIO	N OF VALUE R	REQUESTED BY:		
Name of Contact:	E	mail Address:		Phone Numb	er: