EF-19-C-R01-0522-03000111-1

## 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	WIO RE
Address	
City, State, Zip	Replacement Residence APN

Section 2.1(b) of article XIII A of the California Constitution, least age 55 or severely and permanently disabled or a vict residence to a replacement primary residence located anywersidence has been filed with theCouoriginal primary residence located inCouoriginal	im of a wildfire or nat where in California. A inty Assessor's Office	ural disaster to transfer t n application for a base e. Since the claim involve	heir base year value from an original primary year value transfer to a replacement primary es the transfer of a base year value from an
Please complete Section B of this form and return it to our o			OD DV THE OLABANE)
A. ORIGINAL PRIMARY RESIDENCE (INFORMATION			OR BY THE CLAIMANT)
Applicant Name:	App	lication Date:	
Situs Address of Property Sold:	Cit	<i>y</i> :	
County:	Ass	sessor's Parcel/ID Number:	
Sale Price:	Dat	e of Sale:	A
B. REQUESTED INFORMATION			
Confirmation of Sale Price:	Cor	nfirmation of Date of Sale:	
Recorder's Document Number:	Dat	e of Recor <mark>din</mark> g:	
Total Property FBYV (prior to sale): \$	Rol	l Year (year-yea <mark>r):</mark>	
Total Land FBYV: \$ Land Base Yo	ear: Total Impr	ovement FBYV: \$	Imp Base Year:
Fair Market Value at Time of Sale:			Multiple Base Year (attach explanation)
Total Land Value: \$	Tota	al Improvement Value: \$	
Was entire property used as a primary residence? Yes \(\bigcup \)	No Pro	perty <mark>descriptio</mark> n, if other tha	n primary re <mark>sid</mark> ence:
If no, FMV allocated to primary residence:  Land FMV  \$		Improve \$	ement FMV
Was the property eligible for exemption? Yes No If	no, the receiving county	must request proof of resider	ncy from the claimant.
Did the applicant's name appear as an assessee immediately prior to the	the above-referenced tran	sfer? Yes No	
For this applicant, has your county previously granted a base year value	ue transfer for age or disa	bility pursuant to Section 2.1	article XIII A (Prop 19)?
Yes No If yes, what is the date of exclusion?			
PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTR	OYED BY DISASTER FO	R WHICH THE GOVERNOR	DECLARED A STATE OF EMERGENCY
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No	ter (if applicable):	Type of disaster (if ap	pplicable): Was the property sold in its damaged state? Yes No
Fair Market Value immediately prior to disaster: Factored Bas \$	e Year Value (prior to disa	aster): Roll Year (year-year)	:
Land Factored Base Year Value (prior to disaster): \$	Improvement	Factored Base Year Value (p	orior to disaster): \$
Was the property eligible for exemption?	If no, the receiving county	must request proof of reside	ency from the claimant.
Did the applicant's name appear as an assessee immediately prior to	the above-referenced train	nsfer? Yes No	1
	CATION OF VALUE		
Name of Contact:		Email Address:	
County Assessor's Office:		Phone Number:	
CERTIFIC	ATION OF VALUE F	REQUESTED BY:	
Name of Contact:	Email Address:		Phone Number: