

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Gus Kramer

County Assessor

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http://www.cccounty.us/assessor

County Assessor

Address

City, State, Zip

Replacement Residence APN \_\_\_\_\_

Section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows a homeowner who is at least age 55 or severely and permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. An application for a base year value transfer to a replacement primary residence has been filed with the \_\_\_\_\_ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence located in \_\_\_\_\_ County, we are requesting the following information from your office.

Please complete Section B of this form and return it to our office at the address above.

A. ORIGINAL PRIMARY RESIDENCE (INFORMATION THAT WAS PROVIDED TO THE ASSESSOR BY THE CLAIMANT)

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: \_\_\_\_\_
Total Property FBVY (prior to sale): \$ \_\_\_\_\_ Roll Year (year-year): \_\_\_\_\_
Total Land FBVY: \$ \_\_\_\_\_ Land Base Year: \_\_\_\_\_ Total Improvement FBVY: \$ \_\_\_\_\_ Imp Base Year: \_\_\_\_\_
Fair Market Value at Time of Sale: \$ \_\_\_\_\_ Multiple Base 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? [ ] Yes [ ] No If no, the receiving county must request proof of residency from the claimant.
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? [ ] Yes [ ] No
For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)? [ ] Yes [ ] No If yes, what is the date of exclusion? \_\_\_\_\_

PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY

Was property substantially damaged or destroyed by a Governor-proclaimed disaster? [ ] Yes [ ] No Date of disaster (if applicable): \_\_\_\_\_ 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 disaster): \$ \_\_\_\_\_ Roll Year (year-year): \_\_\_\_\_
Land Factored Base Year Value (prior to disaster): \$ \_\_\_\_\_ Improvement Factored Base Year Value (prior to disaster): \$ \_\_\_\_\_
Was the property eligible for exemption? [ ] Yes [ ] No If no, the receiving county must request proof of residency from the claimant.
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? [ ] Yes [ ] No

CERTIFICATION OF VALUE PROVIDED BY:

Name of Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_
County Assessor's Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CERTIFICATION OF VALUE REQUESTED BY:

Name of Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_