



Gus Kramer

County Assessor

2530 Arnold Drive, Suite 100

Martinez, CA 94553-4359

FAX: (925) 313-7488

Telephone: (925) 313-7400

http://www.cccounty.us/assessor

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

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.

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 FBV, Roll Year, Total Land FBV, Land Base Year, Total Improvement FBV, Imp Base Year, Fair Market Value at Time of Sale, Multiple Base Year, Total Land Value, Total Improvement Value, Property description, FMV allocated to primary residence, Exemption status

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? Date of disaster, Type of disaster, Was the property sold in its damaged state? 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), Exemption status

COMMENTS:

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

