## EF-19-C-R01-0522-17000153-1

## BOE-19-C (P1) REV. 01 (05-22) 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. An application for a base year value transfer to a replacement primary residence located anywhere in California. 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 T	HAT WAS PROVIE	ED TO THE ASSESS	OR BY THE CLAIMANT)	
pplicant Name: Ap		plication Date:		
Situs Address of Property Sold: Ci		ty:		
County:		ssessor's Parcel/ID Number:		
Sale Price:	Dat	e of Sale:	A	
B. REQUESTED INFORMATION				
Confirmation of Sale Price:		nfirmation of Date of Sale:		
Recorder's Document Number: Date of Recording:				
Total Property FBYV (prior to sale): \$	Roll	Year (year-yea <mark>r):</mark>		
Total Land FBYV: \$ Land Base Yea	r: Total Impro	ovement FBYV: \$	Imp Base Year:	
Fair Market Value at Time of Sale:				
Total Land Value: \$	Tota	I Impro <mark>ve</mark> ment 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		Type of disaster (if a		
Fair Market Value immediately prior to disaster:       Factored Base         \$       \$	actored Base Year Value (prior to disaster): Roll Year (year-yea		):	
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				
Name of Contact:		PROVIDED BY: Email Address:		
County Assessor's Office:		Phone Number:		
CERTIFICATION OF VALUE REQUESTED BY:				
Name of Contact:	Email Address:		Phone Number:	

Douglas W. Wacker County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

