EF-19-C-R01-0522-23000189-1

County Assessor

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



MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020

Katrina Bartolomie

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

Address						
City, State, Zip Replacen	nent Residence APN					
Section 2.1(b) of article XIII A of the California (least age 55 or severely and permanently disable residence to a replacement primary residence residence has been filed with the original primary residence located in	oled or a victim of a wildfir located anywhere in Calif County Assessor	e or natural dis ornia. An appli 's Office. Since	saster to transfer to cation for a base	their base year value es the tra	year value from an original primary e transfer to a replacement primary nsfer of a base year value from an	
Please complete Section B of this form and retu	urn it to our office at the ac	ddress above.				
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION THAT WAS	PROVIDED TO	O THE ASSESS	OR BY TH	IE CLAIMANT)	
Applicant Name:		Application	Date:		_	
us Address of Property Sold:			iy:			
County:		Assessor's	Parcel/ID Number:		1	
Sale Price:	11.	Date of Sal	le:		A	
B. REQUESTED INFORMATION						
·			nfirmation of Date of Sale:			
ecorder's Document Number:			e of Recording:			
Total Property FBYV (prior to sale): \$		Roll Year (y	rear-yea <mark>r):</mark>			
Total Land FBYV: \$	FBYV: \$ Land Base Year: Total Impro				Imp Base Year:	
Fair Market Value at Time of Sale:				Multip	ole Base Year (attach explanation)	
\$						
Total Land Value: \$		Total Improv	vement Value: \$			
Was entire property used as a primary residence?	Yes No	Property de	escrip <mark>tio</mark> n, if other tha	i <mark>n p</mark> rimary re	e <mark>sid</mark> ence:	
If no, FMV allocated to primary residence:	and FMV	, ,	Improve \$	ement FMV		
Was the property eligible for exemption?	No If no, the receiving	g county must red	quest proof of reside	ncy 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 a	ge or disability pu	rsuant to Section 2.1	article XIII	A (Prop 19)?	
Yes No If yes, what is the date of ex	cclusion?					
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTROYED BY DISA	STER FOR WHIC	CH THE GOVERNOR	R DECLARE	D A STATE OF EMERGENCY	
/as property substantially damaged or destroyed by a lovernor-proclaimed disaster? Yes No			Type of disaster (if a		Was the property sold in its damaged state? Yes No	
Fair Market Value immediately prior to disaster:	Factored Base Year Value (p	rior to disaster):	Roll Year (year-year	:		
\$ Land Factored Base Year Value (prior to disaster): \$	\$ Imp	provement Factore	ed Base Year Value (prior to disas	ster): \$	
Was the property eligible for exemption? Yes	No If no, the receivi	ing county must re	equest proof of reside		e ciaimant.	
Did the applicant's name appear as an assessee imme	diately prior to the above-refer	enced transfer?	Yes No)		
Name of Contact:	CERTIFICATION OF Y		'IDED BY: Address:			
County Assessor's Office:			Phone Number:			
	CERTIFICATION OF V	ALUE REQUI	ESTED BY:			
Name of Contact:	Email Addres	SS:		Phone Num	nber:	