

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Mono County Office Of The Assessor

Barry Beck, Assessor

PO Box 456

Bridgeport, CA 93517-0456

Telephone: 760-932-5510

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Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/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: _____

