CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

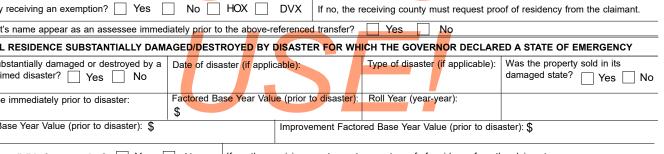
County Assessor Address

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 P | ROVIDED 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 FBYV (prior to sale): \$ | Roll Year (year-year): | | |
| Total Land FBYV: \$ Land Base Year: To | tal Improvement FBYV: \$ 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 Unknown | Property description, if other than primary residence: | | |
| If no, FMV allocated to primary residence: | Improvement FMV \$ | | |
| Was the property receiving an exemption? Yes No HOX DV> | 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-referen | ced transfer? Yes No | | |
| PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISAS | STER 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 applicable): Was the property sold in its damaged state? Yes No | | |
| Fair Market Value immediately prior to disaster: Factored Base Year Value (prior \$ \$ \$ | or to disaster): Roll Year (year-year): | | |
| Land Factored Base Year Value (prior to disaster): \$ | ovement Factored Base Year Value (prior to disaster): \$ | | |
| Was the property eligible for exemption? Yes No If no, the receivin | g county must request proof of residency from the claimant. | | |
| Did the applicant's name appear as an assessee immediately prior to the above-reference | nced transfer? Yes No | | |
| 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: |
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