

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

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 (TO BE COMPLETED BY THE REQUESTING ASSESSOR WITH INFORMATION FROM CLAIMANT)

Form section A with fields: Applicant Name, Application Date, Situs Address of Property Sold, City, County, Assessor's Parcel/ID Number, Sale Price, Date of Sale.

B. REQUESTED INFORMATION (TO BE COMPLETED BY THE ASSESSOR FROM COUNTY OF ORIGINAL PRIMARY RESIDENCE)

Form section B with fields: 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 allocation, Exemption status, Residency proof requirements.

PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY

Form section for disaster-damaged property with fields: Was property substantially damaged, 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, Roll Year, Land Factored Base Year Value, Improvement Factored Base Year Value, Exemption status, Residency proof requirements.

COMMENTS:

CERTIFICATION OF VALUE PROVIDED BY:

Form section for certification of value provided by with fields: Name of Contact, Email Address, County Assessor's Office, Phone Number.

CERTIFICATION OF VALUE REQUESTED BY:

Form section for certification of value requested by with fields: Name of Contact, Email Address, Phone Number.

THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION.

