CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

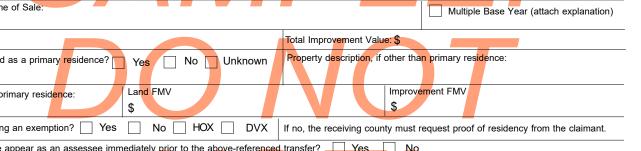
County Assessor Address

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	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 FBYV (prior to sale): \$	Roll Year (year-year):		
Total Land FBYV: \$ Land Base Year: To	otal 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>	K 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	nced 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	damaged state? Yes No		
Fair Market Value immediately prior to disaster: Factored Base Year Value (prives \$	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:	



Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor