EF-19-C-R01-0522-38000137-1

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



Joaquin Torres Assessor-Recorder

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

County Assessor
Address
City, State, Zip Replacement Residence APN ______

ient Residen	ce APN			
led or a victir ocated anvw	n of a wildfire or na here in California. <i>i</i>	tural disaster to transfer An application for a base	their base ye vear value t	ear value from an original primary transfer to a replacement primary
Cour Co	ity Assessor's Offic untv. we are reque	e. Since the claim involvesting the following information	ves the trans ation from vo	sfer of a base year value from ar our office.
	•		,	
			OR BY THE	: CLAIMANT)
	Ap	pplication Date:		
	C	ity:		
	A	ssessor's Parcel/ID Number:		
7/	D	ate of Sa <mark>le:</mark>		
	1			•
	C	onfirmation of Date of Sale:		
	D	ate of Recor <mark>din</mark> g:		
-1/	R	oll Year (year-yea <mark>r):</mark>		
Land Base Yea	ar: Total Imp	provement FBYV: \$		Imp Base Year:
	ı .		Multiple	Base Year (attach explanation)
				, ,
		· ·		
Yes N	o P	roperty <mark>des</mark> crip <mark>tio</mark> n, if other tha	a <mark>n p</mark> rimary re <mark>si</mark>	dence:
		Improv \$	ement FMV	
No If	no, the receiving count	must request proof of reside	ency from the cl	laimant.
iately prior to th	e above-referenced tra	nsfer? Yes No)	
bas <mark>e y</mark> ear value	e transfer for age or dis	eability pursuant to Section 2.1	1 article XIII A ((Prop 19)?
clusion?				
AGED/DESTRO	YED BY DISASTER F	OR WHICH THE GOVERNO	R DECLARED	A STATE OF EMERGENCY
Date of disaste	er (if applicable):	Type of disaster (if a		/as the property sold in its amaged state? Yes No
	Year Value (prior to di	saster): Roll Year (year-year	r):	
Ψ	Improveme	nt Factored Base Year Value ((prior to disaste	er): \$
No If	no, the receiving coun	ty must request proof of resid	lency from the	claimant.
diately prior to t	he above-referenced tr	ansfer? Yes No	0	
CERTIFIC	ATION OF VALUE	Email Address:		
		Phone Number:		
CERTIFICA	TION OF VALUE	REQUESTED BY:		
	Email Address:		Phone Number	er:
	Constitution, is led or a victin ocated anyw Cour Courn it to our of DRMATION TO DESTRUCTION TO THE COURT OF	Description of a wildfire or national coated anywhere in California. A County Assessor's Office County, we are requested in it to our office at the address DRMATION THAT WAS PROV Application of the address DRMATION of the address DRMATION THAT WAS PROV Application of the address DRMATION of the address DRM	Constitution, implemented by Revenue and Taxation Coded or a victim of a wildfire or natural disaster to transfer ocated anywhere in California. An application for a base	Constitution, implemented by Revenue and Taxation Code section 69 led or a victim of a wildfire or natural disaster to transfer their base ye ocated anywhere in California. An application for a base year value County Assessor's Office. Since the claim involves the trans County, we are requesting the following information from your it to our office at the address above. PRIMATION THAT WAS PROVIDED TO THE ASSESSOR BY THE