

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

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)

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)

Confirmation of Sale Price, Confirmation of Date of Sale, Recorder's Document Number, Date of Recording, Total Property FBYV, Roll Year, Total Land FBYV, Land Base Year, Total Improvement FBYV, 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

Was property substantially damaged or destroyed by a Governor-proclaimed disaster?, 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:

Name of Contact, Email Address, County Assessor's Office, Phone Number

CERTIFICATION OF VALUE REQUESTED BY:

Name of Contact, Email Address, Phone Number

THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION.

