EF-65-P-R05-0519-47000206-1 BOE-65-P (P1) REV. 05 (05-19)

CLAIM FOR INTRACOUNTY TRANSFER OF BASE YEAR VALUE TO REPLACEMENT PROPERTY FOR PROPERTY DAMAGED OR DESTROYED IN A GOVERNOR-DECLARED DISASTER



Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

A. REPLACEMENT PROPERTY: ASSESSORS PARCEL NUMBER PROPERTY ADDRESS DATE OF COMPLETION OF NEW CONSTRUCTION B. ORIGINAL (FORMER) PROPERTY: ASSESSORS PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all informatineron, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT MALING ADDRESS DATE OF DISASTER PROPERTY ADDRESS CITY C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all informatineron, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT MALING ADDRESS DAYTIME PHONE NUMBER		
PROPERTY ADDRESS DATE OF PURCHASE DATE OF COMPLETION OF NEW CONSTRUCTION B. ORIGINAL (FORMER) PROPERTY: ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all informatine hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	A. REPLACEMENT PROPERTY:	
DATE OF PURCHASE DATE OF COMPLETION OF NEW CONSTRUCTION B. ORIGINAL (FORMER) PROPERTY: ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	ASSESSOR'S PARCEL NUMBER	
DATE OF PURCHASE DATE OF COMPLETION OF NEW CONSTRUCTION B. ORIGINAL (FORMER) PROPERTY: ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
B. ORIGINAL (FORMER) PROPERTY: ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT Locatify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	PROPERTY ADDRESS	CITY
B. ORIGINAL (FORMER) PROPERTY: ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	DATE OF PURCHASE PRICE	RECORDER'S DOCUMENT NUMBER
ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	DATE OF COMPLETION OF NEW CONSTRUCTION	COST OF NEW CONSTRUCTION
ASSESSOR'S PARCEL NUMBER PROPERTY ADDRESS CITY Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	B. ORIGINAL (FORMER) PROPERTY:	
Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION		DATE OF DISASTER
Was there any new construction to the original property between the date of the last tax bill(s) and the date of disaster? Yes If Yes, please explain: C. CLAIMANT INFORMATION		
C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	PROPERTY ADDRESS	CITY
C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	Was there any new construction to the original property between the date of the	e last tax bill(s) and the date of disaster? Yes No
C. CLAIMANT INFORMATION NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		()
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		, , , ,
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		-
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
NAME OF CLAIMANT I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	C. CLAIMANT INFORMATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE	NAME OF CLAIMANT	
hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE		
SIGNATURE OF CLAIMANT DATE		
	nereon, is true, correct, and complete to the best of my knowledge and	bellet.
MAILING ADDRESS DAYTIME PHONE NUMBER ()	SIGNATURE OF CLAIMANT	DATE
	MAILING ADDRESS	DAYTIME PHONE NUMBER
		()
CITY, STATE, ZIP E-MAIL ADDRESS	CITY, STATE, ZIP	E-MAIL ADDRESS

All information provided on this claim is subject to verification. If you have any questions about this form, please contact the Assessor's office.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



GENERAL INFORMATION

Revenue and Taxation Code Section 69 allows owners who own property to transfer the base year value of the original property that has been substantially damaged or destroyed by a disaster to comparable property. The following requirements must be met:

- The disaster must be a major misfortune or calamity in an area proclaimed by the Governor to be in a state of disaster as a result of the misfortune or calamity;
- 2. The replacement property must have been acquired or newly constructed within five years after the date of the disaster (including land); and
- 3. The buyer of the replacement property must have been the owner of the damaged property. Property is considered damaged or destroyed if it sustains physical damage amounting to more than 50 percent of its full cash value immediately prior to the disaster. Includes diminution in value resulting from disaster caused permanent restricted access.

Property is substantially damaged if the land or the improvements sustain physical damage amounting to more than 50 percent of its full cash value immediately prior to the disaster.

The replacement property must be substantially equivalent to the original. A general definition of substantially equivalent is similar in size, utility, function, and zoning.

In general, the factored base value of the original property will be applied to the replacement provided that the fair market value of a replacement property on the date of purchase or completion of construction does not exceed 120 percent of full cash value or fair market value of the original property immediately prior to the date of disaster.

If the full cash value of the replacement property exceeds 120 percent of the full cash value of the original damaged property, then the amount of the full cash value over 120 percent shall be added to the factored base year value of the original parcel. Once the factored base year value is transferred to the replacement property, the damaged property will be reassessed at the lower of its full cash value or the retained factored base year value.

If the full cash value of the replacement property is less than the factored base year value of the original damaged parcel, then the lower value of the new replacement property shall become the factored base value of the replacement parcel.

If, after the factored base year value is transferred, reconstruction occurs on the damaged property, the new construction shall be assessed at full cash value.

Co-owners of an original parcel may not independently transfer the original value to two separate properties.

The acquisition of an ownership interest in a legal entity that, directly or indirectly, owns real property is not an acquisition of replacement property under the law.

For further information, contact the Assessor's Office.

