## EF-19-C-R01-0522-25000194-1

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



Kristen DePaul Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

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. An application for a base year value transfer to a replacement primary residence located anywhere in California. Since the claim involves the transfer of a base year value from an original primary residence located in \_\_\_\_\_\_ County, we are requesting the following information from your office.

Please complete Section B of this form and return it to our office at the address above.

Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):         \$       Improvement Factored Base Year Value (prior to disaster):       \$         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         CERTIFICATION OF VALUE PROVIDED BY:       Image: Certification of Value Requester Display:       No         Name of Contact:       Phone Number:       Certification of Value Requester Display:         Name of Contact:       Email Address:       Phone Number:         Certification of Value Requester Display:       Phone Number:	A. ORIGINAL PRIMARY RESIDENCE (INFO	RMATION THA	T WAS PROVIE	DED 1	TO THE ASSESS	OR BY TH	HE CLAIMANT)	
County:       Assessor's Parcebib Jumber         Sale Price:       Dato of Sale;         B. REQUESTED INFORMATION       Confirmation of Date of Sale;         Continuation of Sale Price:       Confirmation of Date of Sale;         Recorder's Document Number:       Date of Eccording:         Total Land FBVV (\$for to Sale):       S         Ital Land FBVV (\$for to Sale):       No         Fair Market Value at Time of Sale:       Introde Total Improvement FBVV.         S       Itad Market Value at Time of Sale:         S       Itad Improvement Youre:         Total Land FBV (\$       Introdemont FBVV.         Yes entre property used as a primary residence?       Yes         Yes       No       Property description.         If no, FMV allocated to primary residence?       Yes       No         If no, FMV allocated to primary residence?       Yes       No         If and Property aligble for exemption?       Yes       No       Property description of residency from the damant.         Did the applicant, has your county previously granted a base year value franter for arge or disability pursuant to Saction 2.1 article XIII A (Prop 19)?       Type of diasater (fr applicant).       Yes in no         Find Harder Value immediately of the date of exclusion?       Type of diasater (fr applicant).       No       Type of diasater (fr appli	Applicant Name:			plication Date:				
Sale Price:       Date of Saler         B. REQUESTED INFORMATION       Confirmation of Date of Saler:         Confirmation of Sale Price:       Confirmation of Date of Saler:         Recorder's Document Number:       Date of Recording:         Total Property FBYU (prior to sale): \$       Roll Year (year-year)?         Total Improvement FBVY: \$       Impl Base Year:         Fair Market Value at Time of Sale:       Roll Year (year-year)?         Total Land FBYY: \$       Impl Base Year:         Fair Market Value at Time of Sale:       Roll Year (year-year)?         Total Land Provement FBVY: \$       Impl Base Year:         Sale of Price:       Property description, iff other than primary residence:         If no, FMV allocated to primary residence:       Impl Marcowment FMV         S       No       If no, the receiving county must reguest proof of residency from the daimant.         Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         Fain Sapplicant, has your county previously granited a base Year Value (prior to disaster):       S       No         Fain Sapplicant, has your county previously granited a base Year Value (prior to disaster):       S       No         Fain Sapplicant, has your county previously granited a base Year Value (prior to disaster):       S       No         Fain	Situs Address of Property Sold:				ty:			
B. REQUESTED INFORMATION Confirmation of Date of Sale: Recorder's Document Number: Date of Recording: Recorder's Document Number: Recorder's Documen	County:			ussessor's Parcel/ID Number:				
Confirmation of Sale Phoe:       Confirmation of Date of Sale:         Recorder's Document Number:       Date of Recording;         Total Land PEVV.\$       Boll Year (year-year);         Total Land FEVV.\$       Imp Base Year:         Fair Market Value at Time of Sale:       Imp Base Year:         Total Land Value:\$       Multiple Base Year (attach explanation)         \$       Total Land Value:\$         Was entire property used as a primary residence?       Yes         If no, FMV allocated to primary residence?       Yes         Was the property eligible for exemption?       Yes         Yes       No         For this applicant's name appear as an assesse immediately prior to the above-referenced transfer?       Yes       No         For this applicant, has your county previously granted a base year value france for age or desability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         For this applicant, has your county previously granted a base year value france for age or desayed to a disaster?       Yes       No         For this applicant, has your county previously granted a base year value france for age or desability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes in No         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster?       Yes in No         Fair Market Value immediately prior to disaster:	Sale Price:	77.	Dat	e of Sa	ale:		A	
Recorder's Document Number:       Date of Recording:         Total Property FBYV (prior to site): \$       Roll Year (year-year):         Total Land FBYV: \$       Land Base Year:         Fair Market Value at Time of Sale: \$       Multiple Base Year:         Fair Market Value at Time of Sale: \$       Inprovement FBVV: \$         Total Land Value: \$       Inprovement Value: \$         Was entire property used as a primary residence:       Inprovement Value: \$         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Inprovement Factor         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         If no the applicant same appear as an assessee immediately prior to the above-ref	B. REQUESTED INFORMATION					_		
Total Property FBYV (prior to safe): \$       Roll Year (year-year);         Total Land FBYV: \$       Land Base Year.       Total Improvement FBVV: \$       ImprBase Year.         Fair Market Value at Time of Sale: \$	Confirmation of Sale Price:		Cor	firmati	ion of Date of Sale:			
Total Land FBYV: \$       Land Base Year:       fotal Improvement FBYV. \$       Imp Base Year:         Fair Market Value at Time of Sale:	Recorder's Document Number:		Dat	e of Re	ecording:			
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         Property description, if other than primary residence:       Improvement Value: \$         Was the property eligible for exemption?       Yes       No         If no, FMV allocated to primary residence:       Land EMV       Improvement FMV         S       \$       No       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-referenced transfer?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY         Was property substantially damaged or destroyed by a       Date of disaster (if applicable):       Type of disaster (if applicable):       Was the property seld in its damaged state?       Yes       No         Fair Market Value immediately prior to disaster): \$       Improvement Factored Base Year Value (prior to disaster): \$       Improvement Factored Base Year Value (prior to disaster): \$       No         Fair Market Value immediately prior to the above-referenced	Total Property FBYV (prior to sale): \$	- / /	Roll	Year (	(year-yea <mark>r):</mark>			
\$       Total Land Value: \$       Total Improvement Value: \$         Was entire property used as a primary residence:       Yes       No       Property description, if other than primary residence:         If no, FMV allocated to primary residence:       Land FMV       Improvement Value: \$       Improvement FMV         Was the property eligible for exemption?       Yes       No       Interferenced transfer?       Yes       No         For the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No       For this applicant, has your county previously granted a base year value transfer for age on disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age on disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age on disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         For this applicant, has your county previously granted a base year value for or to disaster?       Yes       No       No         For this applicant, the property substantially damaged or destroyed by a governor-proclaimed disaster?       Yes       No       Factored Base Year Value (prior to disaster?       Yes       No         Fair Market Value immediately prior to disaster?       Yes	Total Land FBYV: \$	Land Base Year:	Total Impro	oveme	nt FBYV: <b>\$</b>		Imp Base Year:	
Was entire property used as a primary residence?       Yes       No       Property description, if other than primary residence:         If no, FMV allocated to primary residence:       Land FMV       \$       \$         Was the property eligible for exemption?       Yes       No       Improvement FMV         Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY         Was property substantially damaged or destroyed by a       Date of disaster (if applicable):       Type of disaster (if applicable):       Was the property sold in its damaged state?       Yes       No         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster):       \$         Uas the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         Iand Factored Base Year Value (prior to disaster):       \$       No						Multi	ple Base Year (attach explanation)	
If no, FMV allocated to primary residence:       Land FMV       Improvement FMV         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         PRINCIPAL ESDIENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY       Was the property sold in its damaged or desculsion?         Was property substantially duraged or desculsion?	Total Land Value: \$		Tota	I Impro	ovement Value: \$			
S   Was the property eligible for exemption?   Yes   No   If no, the receiving county must request proof of residency from the claimant.   Did the applicant's name appear as an assesse immediately prior to the above-referenced transfer?   Yes   No   For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?   Yes   No   If yes, what is the date of exclusion?   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?   Yes   No   Fair Market Value immediately prior to disaster:   \$   Land Factored Base Year Value (prior to disaster): \$   Improvement Factored Base Year Value (prior to disaster): \$   Was the property eligible for exemption?   Yes   No   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-referenced transfer?   Yes   No   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-referenced transfer?   Yes   No   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-referenced	Was entire property used as a primary residence?       Yes       No       Property description, if other than primary residence:							
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?         Yes       No       If yes, what is the date of exclusion?         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 (if applicable):       Type of disaster (if applicable):       Was the property sold in its damaged state?         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       \$         Land Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         CERTIFICATION OF VALUE PROVIDED BY:         Name of Contact:       Email Address:       Phone Number:         County Assessor's Office:       Phone Number:       Phone Number:	in no, i my allocated to plinary reelacited.	and FMV		V	Improve \$	ement FMV		
For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?         Yes       No       If yes, what is the date of exclusion?         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 (if applicable):       Type of disaster (if applicable):       Was the property sold in its damaged state?         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       \$         Land Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         CERTIFICATION OF VALUE REQUESTED BY:       Email Address:       Certification Of VALUE REQUESTED BY:         Name of Contact:       Email Address:       Phone Number:         Marme of Contact:       Email Address:       Phone Number:	Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.							
Yes       No       If yes, what is the date of exclusion?         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 (if applicable):       Type of disaster (if applicable):       Was the property sold in its damaged state?       Yes       No         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       \$       \$         Land Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       Was the property eligible for exemption?       Yes       No         Id the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         Imame of Contact:       Email Address:       Email Address:         County Assessor's Office:       Phone Number:       Phone Number:	Did the applicant's name appear as an assessee immedi	ately prior to the abo	ove-referenced trans	sfer?	Yes No			
Was property substantially damaged or destroyed by a Governor-proclaimed disaster?       Date of disaster (if applicable):       Type of disaster (if applicable):       Was the property sold in its damaged state?       Yes No         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       Improvement Factored Base Year Value (prior to disaster):       Yes No         Land Factored Base Year Value (prior to disaster):       Improvement Factored Base Year Value (prior to disaster):       Improvement Factored Base Year Value (prior to disaster):       S         Was the property eligible for exemption?       Yes No       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-referenced transfer?       Yes No       No         KerntificAtion OF VALUE PROVIDED BY:       Email Address:       Email Address:         County Assessor's Office:       Phone Number:       Phone Number:         Name of Contact:       Email Address:       Phone Number:			sfer for age or disa	bility p	ursuant to Section 2.1	article XIII	A (Prop 19)?	
Governor-proclaimed disaster?       Yes       No       Amaged state?       Yes       No         Fair Market Value immediately prior to disaster:       \$       Roll Year (year-year):       \$       \$         Land Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster):       \$         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         CERTIFICATION OF VALUE PROVIDED BY:       Improvement:       Email Address:         County Assessor's Office:       Phone Number:       Phone Number:         Name of Contact:       Email Address:       Phone Number:								
\$     Land Factored Base Year Value (prior to disaster): \$     Was the property eligible for exemption?     Yes     No   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-referenced transfer?     Yes     Name of Contact:     CERTIFICATION OF VALUE PROVIDED BY:     Name of Contact:     CERTIFICATION OF VALUE REQUESTED BY:     Name of Contact:     Phone Number:     Name of Contact:     Email Address:           Phone Number:					Type of disaster (if a	pplicable):		
Land Factored Base Year Value (prior to disaster): \$       Improvement Factored Base Year Value (prior to disaster): \$         Was the property eligible for exemption?       Yes       No       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-referenced transfer?       Yes       No         CERTIFICATION OF VALUE PROVIDED BY:         Name of Contact:       Email Address:         County Assessor's Office:       Phone Number:         Name of Contact:         ERTIFICATION OF VALUE REQUESTED BY:         Name of Contact:       Email Address:         Phone Number:	· · · · · · · · · · · · · · · · · · ·			aster): Roll Year (year-year):				
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         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:       Phone Number:         Phone Of Contact:       Email Address:	<b>*</b>   *				Factored Base Year Value (prior to disaster): \$			
CERTIFICATION OF VALUE PROVIDED BY:         Name of Contact:       Email Address:         County Assessor's Office:       Phone Number:         CERTIFICATION OF VALUE REQUESTED BY:       Phone Number:         Name of Contact:       Email Address:         Name of Contact:       Email Address:       Phone Number:	Was the property eligible for exemption?	No If no, t	he receiving county	must	request proof of reside	ency from th	ne claimant.	
Name of Contact:     Email Address:       County Assessor's Office:     Phone Number:       CERTIFICATION OF VALUE REQUESTED BY:       Name of Contact:     Email Address:	Did the applicant's name appear as an assessee immed	liately prior to the ab	ove-referenced trar	sfer?	Yes No	)		
County Assessor's Office:	Name of Contact	CERTIFICATIO	ON OF VALUE					
CERTIFICATION OF VALUE REQUESTED BY:         Name of Contact:       Email Address:       Phone Number:	Name of Contact.			Email	I Address:			
Name of Contact:     Email Address:     Phone Number:	County Assessor's Office:							
	Name of Contact: Email Address:			Phone Number:				
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