## EF-19-C-R01-0522-25000122-1 BOE-19-C (P1) REV 01 (05-22)

## 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.

Application Date:       Application Date:         Situa Address of Property Sold:       City:         County:       Assessor's FlipCet/ID Moment:         Sale Price:       Date of Sale;         Date of Sale;       Date of Sale;         Continuation of Sale Price:       Date of Sale;         Date of Sale;       Date of Sale;         Continuation of Sale Price:       Date of Sale;         Date of Recording:       Date of Sale;         Solar Price:       Date of Sale;         Data Introperty FBVV (prior to fails): S       Land Base Year;         Fair Merkot Value at Time of Sale;       more than year power         Solar Land Property sued as a primary residence?       Yes:         Table Introperment Year;       Multiple Base Year;         Fair Merkot Value at Time of Sale;       Table Introperment Year;         Solar Land Pay:       No       Property description, if other than primary residence;         I'n n, FMV adicated to primary residence;       Yes:       No         Property subglate for exemption?       Yes:       No <t< th=""><th>A. ORIGINAL PRIMARY RESIDENCE (INF</th><th>ORMATION T</th><th>HAT V</th><th>VAS PROVI</th><th>DED -</th><th>TO THE ASSESS</th><th>OR BY TH</th><th>HE CLAIMANT)</th></t<>	A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION T	HAT V	VAS PROVI	DED -	TO THE ASSESS	OR BY TH	HE CLAIMANT)	
County::       Assessor's Parcel/D Mumber:         Sale Price:       Date of Sale:         B. REQUESTED INFORMATION       Confirmation of Date of Sale:         Confirmation of Sale Price:       Confirmation of Date of Sale:         Recorder's Document Number       Date of Recording:         Total Land FBVV (prior to Sale): \$       Roll Year (year-yea!)?         Total Land FBVV (prior to Sale): \$       Innd Base Vear:       Total Improvement FBVV.s         Fair Market Value at Time of Sale:	pplicant Name: Ap				plication Date:				
Saile Price:       Date of Sale;         B. REQUESTED INFORMATION       Confirmation of Date of Sale;         Confirmation of Sale Price:       Date of Recording;         Recorder's Document Number:       Date of Recording;         Total Land FBVV; (prior to Sale); \$       Land Base Year;         Total Land FBVV; \$       Land Base Year;         Tail Market Value at Time of Sale;	Situs Address of Property Sold:				ity:				
B. REQUESTED INFORMATION         Confirmation of Sale Price:         Recorder's Document Number:         Data of Recordery:         Total Property FBYV (prior to state): \$         Total Land PRSV: \$         Land BXV: \$         Land BXV: \$         Total Land Property FBYV (prior to state): \$         Total Land Value: \$         Fair Matexit Value at Time of Sale:         State Property Legistic for exemption?         Yes         No         Property description, if other then primary residence?         Yes       No         Property description, if other then primary residence?         Yes       No         Property description, if other then primary residence?       Yes         No       Property description, if other then primary residence?         Yes       No         Property digible for exemption?       Yes         Yes       No         Proterity description, what is the date of exclusion?       Yes         Yes       No         Portority applicable for exemption?       Yes         Yes       No         Portority description       Pola of dessreer (if applicable):       No         Portority description       Pale of dessreer (if applicable):	County:				ssessor's Parcel/ID Number:				
Confirmation of Dale of Sale :       Confirmation of Dale of Sale:         Recorder's Document Number:       Date of Recording:         Total Property FBVV (prior to stile): \$       Roll Year (year-year):         Total Land FBVV: \$       Land Base Year:         Fair Market Value at Time of Sale:       Imp?Base Year:         S       Imp?Base Year:         Total Land Value: \$       Total Improvement FBVV: \$         Was entire property used as a primary residence?       Yes         Yes       No         If no, FMV allocated to primary residence:       Land FBVV: \$         Yes       No         If no, FMV allocated to primary residence:       Land FBVV: \$         Yes       No         If no, FMV allocated to primary residence:       Land FBV         S       Yes         Was the property eligible for exemption?       Yes         Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?         PYB       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 (prior to disaster):	Sale Price:	te of Sale:							
Recorder's Document Number:       Date of Recording:         Total Property FBYV (prior to <b>state</b> ): \$       Roll Year (year-year):         Total Land FBYV: \$       Land Base Year:       Total Improvement FBVV: \$       Imp Base Year:         Fair Market Value at Time of Sale:       Improvement Value: \$       Improvement Value: \$         Status of the property used as a primary residence:       Imp Contact:       Improvement Value: \$         If no, FMV allocated to primary residence:       Land FMV       S         If no, FMV allocated to primary residence:       Land FMV       \$         If no, FMV allocated to primary residence:       Land FMV       S         Was the property usignile for exemption?       Yes       No       Inprovement FMV         S       S       \$       No       No         For the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         For the applicant's name appear de as an assessee immediately prior to the above-referenced transfer?       Yes       No         For the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         For the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         Fair Market Value immediately prior to disaster?       \$	B. REQUESTED INFORMATION								
Total Property FBYV (prior to safe): \$       Iand Base Year:       fotal fmprovement FBVV: \$       Imp Base Year:         Fair Market Value at Time of Sale: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Fair Market Value at Time of Sale: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Total Land Value: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Total Land Value: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Total Land Value: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Total Land Value: \$       Imp Base Year:       Imp Base Year:       Imp Base Year:         Was entire property used as a primary residence:       Imp Base Year:       Imp Base Year:       Imp Base Year:         If no, FMV allocated to primary residence:       Imp Base Year:       Imp Base Year:       Imp Base Year:         If and the applicant, has your county previously granted a base Year value transfer for age of disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No       If no, the receiving county metaleater?       No         If his applicant, has your county previously granted a base Year value transfer for age of disability pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         If his applicant's name appear as an assessee immediately pror to the abase Yea	Confirmation of Sale Price:				onfirmation of Date of Sale:				
Total Land FBYV: \$       Land Base Year:       fotal Improvement FBVV. \$       Imp Base Year:         Fair Market Value at Time of Sale:	Recorder's Document Number:	$\Lambda$		Da	ate of R	Recording:	F		
Fair Market Value at Time of Sale:       Indultiple 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 used as a primary residence:       Land EM/       Improvement FM/         \$       \$       \$         Was the property eligible for exemption?       Yes       No         For this applicant, has your county previously granted a base year value transfer for age of lasability pursuant to Section 2.1 article XII A (Prop 19)?       Yes         Yes       No       Total control of exclusion?       Property substantially damaged or destroyed by a gover destroyed by a law property substantially damaged or destroyed by a law property substantially damaged state?       Yes       No         Fair Market Value immediately prior to disaster:       \$       Improvement Factored Base Year Value (prior to disaster): \$       S       No         Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       No         Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       <	Total Property FBYV (prior to sale): \$			Rc	ll 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 FMV         %       \$       \$         Was the property eligible for exemption?       Yes       No       Inprovement 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 glashilty pursuant to Section 2.1 article XIII A (Prop 19)?       Yes       No         PROFIDE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY         Was property substantially damaged or destroyed by a Governo-proclaimed disaster?       Yes       No       If applicable?:       Yes in No         Fair Market Value immediately prior to disaster?:       \$       Improvement Factored Base Year Value (prior to disaster): \$       No       S       No         Vas the property eligible for exemption?       Yes       No       If no, the receiving county must request proof of residency from the claimant.         Under Market Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       Yes       No <t< th=""><th>Total Land FBYV: \$</th><th>Land Base Year</th><th>r: 🕶</th><th>Total Imp</th><th>roveme</th><th>ent FBYV: \$</th><th></th><th>Imp Base Year:</th></t<>	Total Land FBYV: \$	Land Base Year	r: 🕶	Total Imp	roveme	ent FBYV: \$		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       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 DAMAGE/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY       Was the 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         Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster):       \$       No         Factored Base Year Value (prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       No         Idit the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes       No         Idit the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       Yes <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Multi</th> <th>ple Base Year (attach explanation)</th>							Multi	ple Base Year (attach explanation)	
If no, FMV allocated to primary residence:       Land 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 RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY       Was the property substantially duraged or destroyed by a Governor-proclaimed disaster?       Yes       No         Pain Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       Was the property eligible for exemption?       Yes       No         Fair Market Value immediately prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       No         Fair Market Value immediately prior to disaster):       \$       Improvement Factored Base Year Value (prior to disaster): \$       No         Vas 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 </th <th colspan="8">al Land Value: \$ Total Improvement Value: \$</th>	al Land Value: \$ Total Improvement Value: \$								
No \$   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 <b>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?</b>	Was entire property used as a primary residence?	] Yes 🗌 No		Pr	operty (	description, if other tha	an primary r	e <mark>sid</mark> ence:	
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?					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 COVERNOR 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       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       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         Name of Contact:       Email Address:       Email Address:       Certification OF VALUE REQUESTED BY:         Name of Contact:       Email Address:       Phone Number:       Phone Number:	Did the applicant's name appear as an assessee imme	ediately prior to the	above-	-referenced trai	nsfer?	Yes No	1		
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       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): \$       \$       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         Name of Contact:       Email Address:       Phone Number:       Email Address:       Phone Number:         Name of Contact:       Email Address:       Phone Number:       Phone Number:       Phone Number:									
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?       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): \$       Yes       No         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         Name of Contact:       Email Address:       Phone Number:         Cerrification OF VALUE REQUESTED BY:       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   No   CERTIFICATION OF VALUE PROVIDED BY:      Name of Contact:   Certification of Value Requested By:    Name of Contact:   Phone Number:   Phone Number:  Phone Number:	Vas property substantially damaged or destroyed by a Date of disaster (if applicable):					Type of disaster (if a	pplicable):		
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:         Phone Number:         Phone Number:	Fair Market Value immediately prior to disaster:		Year Va	lue (prior to dis	saster):	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 Number:       Phone Number:	Land Factored Base Year Value (prior to disaster): \$					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? Yes	No If r	no, the r	receiving count	y 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:     Phone Number:       Name of Contact:     Email Address:	Did the applicant's name appear as an assessee imm	ediately prior to the	e above	e-referenced tra	ansfer?	Yes No	0		
County Assessor's Office:	Name of Contact	CERTIFICA	TION	OF VALUE					
CERTIFICATION OF VALUE REQUESTED BY:       Name of Contact:     Email Address:     Phone Number:									
Name of Contact:     Email Address:     Phone Number:	County Assessor's Office:				Phone Number:				
	Name of Contact: Email Address:				Phone Number:				
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