## CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip

## Service Servic

Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658 www.sjgov.org/assessor\_recorder

## 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.

Application Date:               Application Date:          Situs Address of Property Sold:              City:              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:              Confirmation of Date of Recording:          Total Property FBYV (prior to sale): \$               Land Base Year:          Fair Market Value at Time of Sale:              Imp Rese Year:          Sate entire property used as a primary residence?              Yes          If no, FMV allocated to primary residence?:              Land EMV             S             No	A. ORIGINAL PRIMARY RESIDENCE (TO	BE COMPLETED BY	THE REQUEST	ING ASSESSOR W	ITH INFC	DRMATION FROM CLAIMANT	
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 Date of Sale:         Confirmation of Sale Price:       Confirmation of Date of Sale:         Recorder's Document Number:       Date of Recording:         Total Property FBYV (prior to sale):       \$         Total Property FBYV (prior to sale):       \$         Fair Market Value at Time of Sale:       Imp. Base Year:         Fair Market Value at Time of Sale:       Intra Base Year:         Total Land Value:       Total Improvement FBYV \$         Yes       No       Unknown         Property description, if other than primary residence:       Imp. Base Year:         If no, FMV allocated to primary residence:       Land ENV       Improvement FMV         Was the property used as a primary residence:       Land ENV       Improvement FMV         Was the property receiving an exemption?       Yes       No       HOX       No         Did the applicable:       Yes       No       HOX       No       Market Value at an an assessee immediately plor to the above-referenced transfer?       Yes       No         If the applicable is the property substantially damaged or destroyed by a Governor-proclaimed disaster?       No <th>Applicant Name:</th> <th>Applicatior</th> <th colspan="4"></th>	Applicant Name:	Applicatior					
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 (prior to sale): \$       Rolf Year (year-year);         Total Land FBYV: \$       Land Base Year:         Fair Market Value at Time of Sale:       Multiple Base Year (attach explanation \$         Total Land Value: \$       Multiple Base Year (attach explanation \$         Total Land Value: \$       Total Improvement FBYV; \$       Impl Base Year (attach explanation \$         Total Land Value: \$       Fair Market Value at Time of Sale:       Improvement Yalue: \$         Was entire property used as a primary residence?       Yes       No       Unknown         Property description, if other than primary residence:       Improvement FMV       \$         If no, FMV allocated to primary residence:       Land FMV       \$       Improvement FMV         \$       No       HOX       DVX       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         PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A ST	Situs Address of Property Sold:			City:			
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 (prior to sale): \$       Rolf Year (year-year):         Total Land FBYV: \$       Land Base Year:       Total Improvement FBYV. \$         Fair Market Value at Time of Sale:       Multiple Base Year:       Imp Base Year:         Fair Market Value at Time of Sale:       Multiple Base Year (attach explanation \$         Total Land Value: \$       Multiple Base Year (attach explanation \$         Total Land Value: \$       Total Improvement Yajue: \$         Was entire property used as a primary residence?       Yes       No       Unknown         Property description, if other than primary residence:       Land FMV       Improvement FMV       \$         Was the property receiving an exemption?       Yes       No       DVX       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         PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY         Was property substantially damaged or destroyed by a Oste of disaster (f applicable):       Yes No       Yes	County:			Assessor's Parcel/ID Number:			
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 (prior to sale): \$       Rolf Year (year-year):         Total Land FBYV: \$       Land Base Year:       Total Improvement FBYV. \$         Fair Market Value at Time of Sale:       Multiple Base Year:       Imp Base Year:         Fair Market Value at Time of Sale:       Multiple Base Year:       Multiple Base Year:         Total Land Value: \$       Total Improvement FBYV. \$       Imp Base Year:         Yes       No       Unknown       Property description, if other than primary residence:         If no, FMV allocated to primary residence:       Land FMV       Improvement FMV         %       \$       No       HOX       DVX         Yes       No       HOX       DVX       f no, the receiving county must request proof of residency from the claimant.         Did the appicant's name appear as an assessee immediately prior to the above-referenced transfer?       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 (f applicable):       Yes No       Yes No </th <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Confirmation of Sale Price:       Confirmation of Date of Sale:         Recorder's Document Number:       Date of Recording:         Total Property FBYV (prior to sale): \$       Land Base Year:         Total Land FBYV: \$       Land Base Year:         Total Land FBYV: \$       Land Base Year:         Fair Market Value at Time of Sale:       Imp Base Year:         Fair Market Value at Time of Sale:       Total Improvement FBYV: \$         Fair Market Value at Time of Sale:       Total Improvement Value: \$         Was entire property used as a primary residence?       Yes         If no, FMV allocated to primary residence:       Land EMV         If no, FMV allocated to primary residence:       Land EMV         Was the property receiving an exemption?       Yes       No         PointCPAL RESIDENCE SUBSTANTIALLY DAWAGED/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         Pain drivet Value immediately prior to disaster:       Sate or disaster (if applicable):       Was the property sold in its damaged state?       Yes       No         Fink Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):       Sate or disaster):       Yes       No	Sale Price:	+1	Date of Sa	ale:		Δ	
Recorder's Document Number:       Date of Recording:         Total Property FBYV (prior to sale): \$       Roll Year (year-year):         Total Land FBYV: \$       Land Base Year:       Total Improvement FBYV: \$       Imp Base Year:         Fair Market Value at Time of Sale:	B. REQUESTED INFORMATION (TO BE CO	OMPLETED BY THE	ASSESSOR FRO	M COUNTY OF OF		PRIMARY RESIDENCE)	
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Total Land FBYV: \$       Land Base Year:       Total Improvement FBYV: \$       Imp Base Year:         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       Unknown         Property description, if other than primary residence:       Land FMV       Improvement FMV         If no, FMV allocated to primary residence:       Land FMV       Improvement FMV         Was the property receiving an exemption?       Yes       No       DVX       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         PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY         Was property substantially damaged or destroyed by a Covernor-proclaimed disaster?       Oate 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):       \$	Recorder's Document Number:		Date of Re	ecording:			
Fair Market Value at Time of Sale:	Total Property FBYV (prior to sale): \$		Roll Year	(year-year):			
\$       Introduction explanation         Total Land Value: \$       Total Improvement Value: \$         Was entire property used as a primary residence?       Yes       No       Unknown         Property description, if other than primary residence:       Improvement FMV       \$         If no, FMV allocated to primary residence:       Land FMV       Improvement FMV       \$         Was the property receiving an exemption?       Yes       No       HOX       DVX       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         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):       \$	Total Land FBYV: \$	Land Base Year:	Total Improveme	nt FBYV: \$		Imp Base Year:	
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In the property receiving an exemption?       \$         Was the property receiving an exemption?       Yes       No       HOX       DVX       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         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):       No	Was entire property used as a primary residence?	/es 🗌 No 🗌 Unk	nown Property c	lescription, if other than	primary re	sidence:	
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer?       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 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):       *	in he, i hit allocated to printary reclatified.	and FMV			nent FMV		
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):       *	Was the property receiving an exemption? Yes	] No 🗌 HOX 🗌	DVX If no, the r	eceiving county must re	quest proo	f of residency from the claimant.	
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):       Imaged state?       Yes       Imaged state?       Image	Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? 🔲 Yes 🗌 No						
Governor-proclaimed disaster?       Yes       No         Fair Market Value immediately prior to disaster:       Factored Base Year Value (prior to disaster):       Roll Year (year-year):         \$       \$	PRINCIPAL RESIDENCE SUBSTANTIALLY DAMA	GE <mark>D/</mark> DESTROY <mark>ED</mark> BY D	SASTER FOR WH	CH THE GOVERNOR I	DECLARE	D A STATE OF EMERGENCY	
\$		Date of disaster (if applic	able):	Type of disaster (if app			
Land Factored Base Year Value (prior to disaster): \$ Improvement Factored Base Year Value (prior to disaster): \$	Fair Market Value immediately prior to disaster:		e (prior to disaster):	Roll Year (year-year):			
	Land Factored Base Year Value (prior to disaster): \$		Improvement Factor	red Base Year Value (pr	ior to disas	ster): \$	
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.	Was the property eligible for exemption?	No If no, the real	ceiving county must	request proof of residen	cy from the	e claimant.	
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? Yes No	Did the applicant's name appear as an assessee immed	liately prior to the above-r	eferenced transfer?	Yes No			
COMMENTS:	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:				

