EF-19-C-R01-0522-49000168-1

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



## **Deva Marie Proto** Sonoma County Clerk-Recorder-Assessor

585 Fiscal Drive, Room 104 Santa Rosa, CA 95403 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

County Assessor Address Replacement Residence APN

City, State, Zip	ient Residen	ce APN						
Section 2.1(b) of article XIII A of the California (east age 55 or severely and permanently disable esidence to a replacement primary residence residence has been filed with the priginal primary residence located in	oled or a viction located anyw Cour	n of a wildf here in Cal ity Assesso	ire or natu ifornia. An or's Office.	ral disaster to tr	ransfer the a base ye n involves	eir base ear value the tra	year value fro e transfer to a nsfer of a bas	m an original primary
Please complete Section B of this form and retu	ırn it to our of	fice at the a	address ab	ove.				
A. ORIGINAL PRIMARY RESIDENCE (INFO	DRMATION T	THAT WAS	PROVID	ED TO THE AS	SSESSO	R BY TH	IE CLAIMAN	Γ)
Applicant Name:			Appli	cation Date:				
Situs Address of Property Sold:			City					
County:			Asse	essor's P <mark>ar</mark> cel/ID N	lumber:			
Sale Price:	7/		Date	of Sale:			A	
B. REQUESTED INFORMATION								
Confirmation of Sale Price:				Confirmation of Date of Sale:				
Recorder's Document Number:			Date	of Recording:				
Total Property FBYV (prior to sale): \$			Roll	Year (year-yea <mark>r):</mark>				
Total Land FBYV: \$	Land Base Ye	ar:	Total Impro	vement FBYV: \$			Imp Base Y	ear:
Fair Market Value at Time of Sale:		'				Multi	ple Base Year (at	tach explanation)
Total Land Value: \$			Total	Improvement Valu	ue: \$			
Was entire property used as a primary residence?	Yes N	0	Prop	erty description, if	other than	primary re	e <mark>sid</mark> ence:	
If no, FMV allocated to primary resi <mark>dence:</mark>	and FMV			A	Improvem \$	ent FMV		
Was the property eligible for exemption? Yes	No If	no, the receiv	ing county m	nust request proof	of residency	y from the	claimant.	
Did the applicant's name appear as an assessee immed	liately <mark>pr</mark> ior to th	e above-refer	renced trans	fer? Yes	☐ No			
For this applicant, has your county previously granted a	bas <mark>e y</mark> ear value	e transfer for	age or disab	ility pursuant to Se	ectio <mark>n</mark> 2.1 ai	ticle XIII	A (Prop 19)?	
Yes No If yes, what is the date of ex	clu <mark>sio</mark> n?							
PRINCIPAL RESIDENCE SUBSTANTIALLY DAM	AGED/DESTRO	YED BY DIS	ASTER FOR	WHICH THE GO	VERNOR D	ECLARE	D A STATE OF E	MERGENCY
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No				Type of disa	aster (if app	licable):	Was the property damaged state?	y sold in its Yes No
Fair Market Value immediately prior to disaster:	Factored Base	Year Value (	prior to disas	ster): Roll Year (y	/ear-year):			
Land Factored Base Year Value (prior to disaster): \$	, .	Im	nprovement I	Factored Base Yea	ar Value (pri	or to disa	ster): \$	
Was the property eligible for exemption? Yes	No If	no, the recei	ving county	must request proof	f of residence	cy from th	e claimant.	
Did the applicant's name appear as an assessee imme	diately prior to t	he above-refe	erenced trans	sfer? Yes	No			
Name of Contact:	CERTIFIC	ATION OF	VALUE F	PROVIDED BY Email Address:	<u>':</u>			
County Assessor's Office:				Phone Number:				
	CERTIFICA	TION OF	VALUE R	EQUESTED B	SY:			
Name of Contact:		Email Addr				hone Nun	nber:	