



**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

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

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.

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

## **A. ORIGINAL PRIMARY RESIDENCE (INFORMATION THAT WAS PROVIDED TO THE ASSESSOR BY THE CLAIMANT)**

|                                 |                              |
|---------------------------------|------------------------------|
| Applicant Name:                 | Application Date:            |
| Situs Address of Property Sold: | City:                        |
| County:                         | Assessor's Parcel/ID Number: |
| Sale Price:                     | Date of Sale:                |

## **B. REQUESTED INFORMATION**

|   |  |
|---|--|
| Confirmation of Sale Price:   | Confirmation of Date of Sale:  |
| Recorder's Document Number:   | Date of Recording:   |
| Total Property FBVY (prior to sale): \$   | Roll Year (year-year):   |
| Total Land FBVY: \$   | Land Base Year:  |
| Total Improvement FBVY: \$  | Imp Base Year:   |
| Fair Market Value at Time of Sale: \$   | <input type="checkbox"/> Multiple Base Year (attach explanation)                                     |
| Total Land Value: \$  | Total Improvement Value: \$  |
| Was entire property used as a primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                  | Property description, if other than primary residence:   |
| If no, FMV allocated to primary residence:  | Land FMV \$  |
|   | Improvement FMV \$   |
| Was the property receiving an exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HOX <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY</b>                                 |  |
| Was property substantially damaged or destroyed by a Governor-proclaimed disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Date of disaster (if applicable):  |
|   | Type of disaster (if applicable):  |
|   | Was the property sold in its damaged state? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

## **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: |
|------------------|----------------|---------------|

