

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



**Madelyn Woodman**  
**County Clerk | Recorder | Assessor**

P.O. Box 1255  
Weaverville, CA 96093  
Phone: (530) 623-1257  
Fax: (530) 623-8398  
assessor@trinitycounty.org

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 has been filed with the \_\_\_\_\_ County Assessor's Office. 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.

**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: \$  | Property description, if other than primary residence: |                |
| Was entire property used as a primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |                |
| If no, FMV allocated to primary residence:   | Land FMV \$  | Improvement FMV \$                                     |                |
| 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  |  |  |                |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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 |  |                                   |  |

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

