

## 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 (added by Proposition 19) allows a homeowner who is at least age 55 or severely 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:	
Factored Base Year Value (prior to sale): \$	Roll Year (year-year):	
Land Value: \$	Improvement Value: \$	
Fair Market Value at Time of Sale: \$	Description, if other than SFR:	
Land Value: \$	Improvement Value: \$	
Was entire property used as a primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property description, if other than primary residence:	
If no, value allocated to primary residence:	Land \$	Improvement \$
Was the property eligible for exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one? <input type="checkbox"/> Homeowners' Exemption <input type="checkbox"/> Disabled Veterans' Exemption	
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 pursuant to section 2.1 of article XIII A (Proposition 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):
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): \$	

### 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:
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