

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

Non-refundable processing fee to be paid at time of filing.
\$35.00 for residential property up to three (3) units
\$100.00 for all other property types

RETURN TO :
COUNTY OF LAKE
CLERK OF THE BOARD
255 N.FORBES STREET
LAKEPORT, CA. 95453

RECEIVED

NOV 4 2024

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

18-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

872 MORAGA ROAD INC

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

ZIP CODE

94920

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

JANA STRYCKER

COMPANY NAME

872 MORAGA ROAD INC

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

FAX TELEPHONE

AUTHORIZATION OF AGENT☐ AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

CFO

DATE

10/29/24

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

008-031-480-000

ASSESSMENT NUMBER

008-031-480-000

FEE NUMBER

008-031-480-000

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

4440 GEORGE RD, LAKEPORT CA 95453

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☒ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

15824

15824

IMPROVEMENTS/STRUCTURES

24585

3000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

57922

10000

OTHER

TOTAL

98331

28824

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ *Check only one. See instructions for filing periods*☒ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

Must attach copy of notice or bill, where applicable**Each roll year requires a separate application***6. REASON FOR FILING APPEAL (FACTS)***See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☒ Are requested. ☐ Are not requested.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** *See instructions.*☐ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

LAKE COUNTY 2024 - 2025 PROPERTY TAX BILL
Patrick M. Sullivan, Treasurer - Tax Collector
255 N. Forbes Street, Room 215, Lakeport, CA 95453, (707) 263-2234
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

10/14/2024
11:55:07AM

PROPERTY INFORMATION				IMPORTANT MESSAGES
ASMT NUMBER:	008-031-480-000	TAX RATE AREA:	057032	Original bill date 09/16/2024
ORIG ASMT:	008-031-480-000	ACRES:	4.12	
FEE NUMBER:	008-031-480-000			
LOCATION:	4440 GEORGE RD			

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
ASSESSOR: (707) 263-2302	LAND	0	15824	15824
VALUE/EXEMPTION		0	0	0
ADDRESS CHANGES	GROWING IMPROVEMENTS	0	57922	57922
AUDITOR: (707) 263-2311	STRUCTURAL IMPROVEMENTS	0	24585	24585
TAX RATES/REFUNDS		0	0	0
COLLECTOR: (707) 263-2234		0	0	0
PAYMENT INFORMATION		0	0	0
		0	0	0
NET TAXABLE VALUE				98331
VALUES X TAX RATE PER \$100 1.000000				\$983.30

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES							
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	=	TAX AMOUNT
(707) 262-3000	05500	LAKEPORT UNIFIED SCHOOL BONDS	98331		0.047173		\$4638
(707) 262-3000	05510	LAKEPORT UNIFIED SCHOOL BONDS 2014	98331		0.043798		\$43.06
(707) 468-3067	06200	MENDOCINO COMM COLLEGE BOND	98331		0.021000		\$20.64

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(800) 273-5167	LAKE CO VCD & MOSQUI	\$0.68	(707) 263-4396	FIRE LAKEPORT	\$69.30			

	PENALTY & COST	\$0.00	AGENCY TAXES	\$110.08
			DIRECT CHARGES	\$69.98
			FEES	\$0.00
	AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			\$180.06

1st INSTALLMENT \$581.68	2nd INSTALLMENT \$581.68	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$1,163.36

LAKE COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-031-480-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-031-480-000 Lake County Tax Collector
FEE NUMBER: 008-031-480-000 PO Box 6011
LOCATION: 4440 GEORGE RD Whittier, CA 90067-6011

2024-2025 2ND

IF PAID BY 04/10/2025 \$581.68

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$58.16 AND \$20.00 COST) \$659.84

008031480000620248000000581686200000065984320248

CUT HERE

LAKE COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-031-480-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-031-480-000 Lake County Tax Collector
FEE NUMBER: 008-031-480-000 PO Box 6011
LOCATION: 4440 GEORGE RD Whittier, CA 90067-6011

2024-2025 1ST

IF PAID BY 12/10/2024 \$581.68

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$58.16 AND \$0.00 COST) \$639.84
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2024 \$1163.36

008031480000620248000000581686100000063984820248



COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS
Courthouse – 255 North Forbes Street
Lakeport, CA 95453
Telephone (707) 263-2368
Fax (707) 263-2207

COUNTY OF LAKE
AGENT'S AUTHORIZATION FORM
(A copy to be filed with each Assessment Appeal Application)

OWNER/ PROPERTY INFORMATION

Property Owner's Name 872 MORAGA ROAD INC
Property Owner's _____
City/State/ZIP _____
Property Address 4440 GEORGE RD
City/State/ZIP LAKEPORT CA 95453
Assessor's Parcel Number (APN) 008-031-480-800

AGENT'S INFORMATION

Agent's Name & Company 872 JANA STRYLICKER 872 MORAGA RD INC.
Agent's Mailing _____
City/State/ZIP _____
Phone Number _____
Email: _____

AUTHORIZATION

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2012/2013 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature [Signature]
Property Owner's Printed Name Jana P. Strycker
Company/Ownership (if applicable) 872 Moraga Rd Inc.
Title (if applicable) CEO

ASSESSMENT APPEAL APPLICATION

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Non-refundable processing fee to be paid at time of filing.

\$35.00 for residential property up to three (3) units

\$100.00 for all other property types

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255 N.FORBES STREET
LAKEPORT, CA. 95453

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

19-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

872 MORAGA ROAD INC

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

CITY

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

JANA STRYLICKA

COMPANY NAME

872 MORAGA ROAD INC

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS, OR P. O. BOX)

FAX TELEPHONE

AUTHORIZATION OF AGENT☐ AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

CFO

DATE

10/29/24

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 008-031-600-000	ASSESSMENT NUMBER 008-031-600-800	FEE NUMBER 068-031-600-000
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION

4460 GEORGE RD. LAKEPORT CA 94543

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☒ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	69105	69105	
IMPROVEMENTS/STRUCTURES	241531	50000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES	343619	80000	
OTHER			
TOTAL	654255	119105	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☒ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

Must attach copy of notice or bill, where applicable***Each roll year requires a separate application****6. REASON FOR FILING APPEAL (FACTS)****See instructions before completing this section.**

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

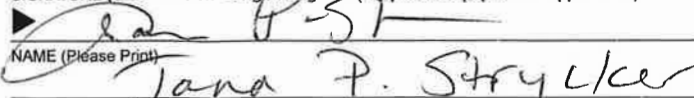
A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☐ Are not requested.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.**☐ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE



NAME (Please Print)

M. J. Valley, CA 94941 10/24

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

LAKE COUNTY 2024 - 2025 PROPERTY TAX BILL
Patrick M. Sullivan, Treasurer - Tax Collector
255 N. Forbes Street, Room 215, Lakeport, CA 95453, (707) 263-2234
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

PROPERTY INFORMATION			IMPORTANT MESSAGES
ASMT NUMBER:	008-031-600-000	TAX RATE AREA:	057032
ORIG ASMT:	008-031-600-000	ACRES:	30.10
FEE NUMBER:	008-031-600-000		
LOCATION:	4460 GEORGE RD		Original bill date 09/16/2024

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
ASSESSOR: (707) 263-2302	LAND	0	69105	69105
VALUE/EXEMPTION		0	0	0
ADDRESS CHANGES	GROWING IMPROVEMENTS	0	343619	343619
AUDITOR: (707) 263-2311	STRUCTURAL IMPROVEMENTS	0	241531	241531
TAX RATES/REFUNDS		0	0	0
COLLECTOR: (707) 263-2234		0	0	0
PAYMENT INFORMATION		0	0	0
		0	0	0
NET TAXABLE VALUE				654255
VALUES X TAX RATE PER \$100 1.000000				\$6,542.54

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	TAX RATE / 100
(707) 262-3000	05500	LAKEPORT UNIFIED SCHOOL BONDS	654255	0.047173
(707) 262-3000	05510	LAKEPORT UNIFIED SCHOOL BONDS 2014	654255	0.043798
(707) 468-3067	06200	MENDOCINO COMM COLLEGE BOND	654255	0.021000

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(800) 273-5167	LAKE CO VCD & MOSQUI	\$19.48	(707) 263-4396	FIRE LAKEPORT	\$207.90			

PENALTY & COST		\$0.00	AGENCY TAXES	\$732.54
			DIRECT CHARGES	\$227.38
			FEES	\$0.00
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES				\$959.92

1st INSTALLMENT \$3,751.23	2nd INSTALLMENT \$3,751.23	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$7,502.46

LAKE COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-031-600-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-031-600-000 Lake County Tax Collector
FEE NUMBER: 008-031-600-000 PO Box 6011
LOCATION: 4460 GEORGE RD Whittier, CA 90067-6011

2024-2025 2ND

IF PAID BY 04/10/2025 \$3,751.23

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$375.12 AND \$20.00 COST) \$4146.35

008031600000120248000003751237200000414635320248

CUT HERE

LAKE COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-031-600-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-031-600-000 Lake County Tax Collector
FEE NUMBER: 008-031-600-000 PO Box 6011
LOCATION: 4460 GEORGE RD Whittier, CA 90067-6011

2024-2025 1ST

IF PAID BY 12/10/2024 \$3,751.23

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$375.12 AND \$0.00 COST) \$4126.35
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2024 \$7502.46

008031600000120248000003751237100000412635520248



COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS
Courthouse – 255 North Forbes Street
Lakeport, CA 95453
Telephone (707) 263-2368
Fax (707) 263-2207

COUNTY OF LAKE
AGENT'S AUTHORIZATION FORM

(A copy to be filed with each Assessment Appeal Application)

OWNER/ PROPERTY INFORMATION

Property Owner's Name _____
Property Owner's Mailing Address _____
City/State/ZIP _____
Property Address 4460 GEORGE RD.
City/State/ZIP LAKEPORT CA 94543
Assessor's Parcel Number (APN) _____

AGENT'S INFORMATION

Agent's Name & Company JANA STRYCKER 872 MORAGA RD INC
Agent's Mailing Address _____
City/State/ZIP _____
Phone Number _____
Email: _____

AUTHORIZATION

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2012/2013 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature [Signature]
Property Owner's Printed Name Jana P. Strycker
Company/Ownership (if applicable) 872 Moraga Rd. Inc.
Title (if applicable) CFO

ASSESSMENT APPEAL APPLICATION

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\$35.00 for residential property up to three (3) units
\$100.00 for all other property types

RECEIVED

NOV 4 2024

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COUNTY OF LAKE
CLERK OF THE BOARD
255 N.FORBES STREET
LAKEPORT, CA. 95453

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

20-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

872 MORAGA ROAD INC

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

JANA STRYCKEN

COMPANY NAME

872 MORAGA ROAD INC

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

FAX TELEPHONE

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SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

Jana Strycken

TITLE

CFO

DATE

11/29/24

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

008-032-430-000

ASSESSMENT NUMBER

008-032-430-000

FEE NUMBER

008-032-430-000

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

4520 GEORGE RD, LAKEPORT CA 95453

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☒ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

18078

14078

IMPROVEMENTS/STRUCTURES

34758

15000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

58898

16000

OTHER

TOTAL

111734

274078

PENALTIES (amount or percent)

53078

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ **Check only one. See instructions for filing periods**☒ **REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR**☐ **SUPPLEMENTAL ASSESSMENT**

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ **ROLL CHANGE** ☐ **ESCAPE ASSESSMENT** ☐ **CALAMITY REASSESSMENT** ☐ **PENALTY ASSESSMENT**

*DATE OF NOTICE: _____ **ROLL YEAR: _____

Must attach copy of notice or bill, where applicable** *Each roll year requires a separate application****6. REASON FOR FILING APPEAL (FACTS)****See instructions before completing this section.**

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.**☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.**☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☒ Are requested. ☐ Are not requested.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.**☐ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

LAKE COUNTY 2024 - 2025 PROPERTY TAX BILL
Patrick M. Sullivan, Treasurer - Tax Collector
255 N. Forbes Street, Room 215, Lakeport, CA 95453, (707) 263-2234
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

10/14/2024
11:54:33AM

PROPERTY INFORMATION			IMPORTANT MESSAGES
ASMT NUMBER:	008-032-430-000	TAX RATE AREA:	057032
ORIG ASMT:	008-032-430-000	ACRES:	7.83
FEE NUMBER:	008-032-430-000		
LOCATION:	4520 GEORGE RD		

Original bill date 09/16/2024

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
ASSESSOR: (707) 263-2302	LAND	0	18078	18078
VALUE/EXEMPTION		0	0	0
ADDRESS CHANGES	GROWING IMPROVEMENTS	0	58898	58898
AUDITOR: (707) 263-2311	STRUCTURAL IMPROVEMENTS	0	34758	34758
TAX RATES/REFUNDS		0	0	0
COLLECTOR: (707) 263-2234		0	0	0
PAYMENT INFORMATION		0	0	0
		0	0	0
NET TAXABLE VALUE				111734
VALUES X TAX RATE PER \$100 1.000000				\$1,117.34

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
(707) 262-3000	05500	LAKEPORT UNIFIED SCHOOL BONDS	111734		0.047173	\$52.70
(707) 262-3000	05510	LAKEPORT UNIFIED SCHOOL BONDS 2014	111734		0.043798	\$48.92
(707) 468-3067	06200	MENDOCINO COMM COLLEGE BOND	111734		0.021000	\$23.46

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(800) 273-5167	LAKE CO VCD & MOSQUI	\$16.12	(707) 263-4396	FIRE LAKEPORT	\$207.90			

PENALTY & COST		\$0.00	AGENCY TAXES	\$125.08
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			DIRECT CHARGES	\$224.02
			FEES	\$0.00
				\$349.10
1st INSTALLMENT \$733.22		2nd INSTALLMENT \$733.22	TOTAL TAXES	
DELINQUENT AFTER 12/10/2024		DELINQUENT AFTER 04/10/2025	\$1,466.44	

LAKE COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB			
ASMT NUMBER:	008-032-430-000	TAX YEAR:	2024
ORIG ASMT:	008-032-430-000	MAKE CHECK PAYABLE TO:	
FEE NUMBER:	008-032-430-000	Lake County Tax Collector	
LOCATION:	4520 GEORGE RD	PO Box 6011	
		Whittier, CA 90067-6011	

2024-2025 2ND

IF PAID BY 04/10/2025 \$733.22

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$73.32 AND \$20.00 COST) \$826.54

008032430000520248000000733228200000082654720248

CUT HERE

LAKE COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB			
ASMT NUMBER:	008-032-430-000	TAX YEAR:	2024
ORIG ASMT:	008-032-430-000	MAKE CHECK PAYABLE TO:	
FEE NUMBER:	008-032-430-000	Lake County Tax Collector	
LOCATION:	4520 GEORGE RD	PO Box 6011	
		Whittier, CA 90067-6011	

2024-2025 1ST

IF PAID BY 12/10/2024 \$733.22

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$73.32 AND \$0.00 COST) \$806.54
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2024 \$1466.44

008032430000520248000000733228100000080654120248



COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS
Courthouse – 255 North Forbes Street
Lakeport, CA 95453
Telephone (707) 263-2368
Fax (707) 263-2207

COUNTY OF LAKE
AGENT'S AUTHORIZATION FORM

(A copy to be filed with each Assessment Appeal Application)

OWNER/ PROPERTY INFORMATION

Property Owner's Name 872 MORAGA ROAD INC
Property Owner's M RD
City/State/ZIP 2
Property Address 4540 GEORGE RD
City/State/ZIP LAKEPORT CA 95453
Assessor's Parcel Number (APN) 008-032-430-000

AGENT'S INFORMATION

Agent's Name & Company JANA STRYCKER, 872 MORAGA ROAD INC.
Agent's Mail
City/State/ZIP
Phone Number
Email:

AUTHORIZATION

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2012/2013 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature Jana P Strycker
Property Owner's Printed Name Jana P. Strycker
Company/Ownership (if applicable) 872 Moraga Rd. Inc.
Title (if applicable) CFO

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

Non-refundable processing fee to be paid at time of filing.
\$35.00 for residential property up to three (3) units
\$100.00 for all other property types

RETURN TO :
COUNTY OF LAKE
CLERK OF THE BOARD
255 N.FORBES STREET
LAKEPORT, CA. 95453

NOV 4 2024

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

21-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL, BUSINESS, OR TRUST NAME)

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

CITY

STATE ZIP CODE

FAX TELEPHONE

AUTHORIZATION OF AGENT☐ AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☒ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND	95765	95765	
IMPROVEMENTS/STRUCTURES	224004	10000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES	250293	40000	
OTHER	200000	500000	
TOTAL	570062	153765	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ *Check only one. See instructions for filing periods*☒ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

Must attach copy of notice or bill, where applicable**Each roll year requires a separate application***6. REASON FOR FILING APPEAL (FACTS)***See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☒ Are requested. ☐ Are not requested.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** *See instructions.*☐ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

LAKE COUNTY 2024 - 2025 PROPERTY TAX BILL
Patrick M. Sullivan, Treasurer - Tax Collector
255 N. Forbes Street, Room 215, Lakeport, CA 95453, (707) 263-2234
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

10/14/2024
11:54:05AM

PROPERTY INFORMATION			IMPORTANT MESSAGES
ASMT NUMBER:	008-032-440-000	TAX RATE AREA:	057032
ORIG ASMT:	008-032-440-000	ACRES:	45.24
FEE NUMBER:	008-032-440-000		
LOCATION:	4550 GEORGE RD		

2024 - 2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
ASSESSOR: (707) 263-2302	LAND	0	95765	95765
VALUE/EXEMPTION		0	0	0
ADDRESS CHANGES	GROWING IMPROVEMENTS	0	250293	250293
AUDITOR: (707) 263-2311	STRUCTURAL IMPROVEMENTS	0	224004	224004
TAX RATES/REFUNDS		0	0	0
COLLECTOR: (707) 263-2234		0	0	0
PAYMENT INFORMATION		0	0	0
		0	0	0
NET TAXABLE VALUE				570062
VALUES X TAX RATE PER \$100 1.000000				\$5,700.62

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
(707) 262-3000	05500	LAKEPORT UNIFIED SCHOOL BONDS	570062		0.047173	\$268.90
(707) 262-3000	05510	LAKEPORT UNIFIED SCHOOL BONDS 2014	570062		0.043798	\$249.66
(707) 468-3067	06200	MENDOCINO COMM COLLEGE BOND	570062		0.021000	\$119.70

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(800) 273-5167	LAKE CO VCD & MOSQUI	\$5.68	(707) 263-4396	FIRE LAKEPORT	\$138.60			

	PENALTY & COST	\$0.00	AGENCY TAXES	\$638.26
			DIRECT CHARGES	\$144.28
			FEES	\$0.00
	AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			\$782.54

1st INSTALLMENT \$3,241.58	2nd INSTALLMENT \$3,241.58	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$6,483.16

LAKE COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-032-440-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-032-440-000 Lake County Tax Collector
FEE NUMBER: 008-032-440-000 PO Box 6011
LOCATION: 4550 GEORGE RD Whittier, CA 90067-6011

2024 - 2025 2ND

IF PAID BY 04/10/2025 \$3,241.58

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$324.15 AND \$20.00 COST) \$3585.73

008032440000320248000003241585200000358573420248

CUT HERE

LAKE COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 008-032-440-000 TAX YEAR: 2024 MAKE CHECK PAYABLE TO:
ORIG ASMT: 008-032-440-000 Lake County Tax Collector
FEE NUMBER: 008-032-440-000 PO Box 6011
LOCATION: 4550 GEORGE RD Whittier, CA 90067-6011

2024 - 2025 1ST

IF PAID BY 12/10/2024 \$3,241.58

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$324.15 AND \$0.00 COST) \$3565.73
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2024 \$6483.16

008032440000320248000003241585100000356573620248



COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS
Courthouse – 255 North Forbes Street
Lakeport, CA 95453
Telephone (707) 263-2368
Fax (707) 263-2207

COUNTY OF LAKE
AGENT'S AUTHORIZATION FORM

(A copy to be filed with each Assessment Appeal Application)

OWNER/ PROPERTY INFORMATION

Property Owner's Name 872 MONTAGNA ROAD INC
Property Owner's M _____
City/State/ZIP 1 _____
Property Address 4550 GEORGE ROAD
City/State/ZIP LAKEPORT CA 95453
Assessor's Parcel Number (APN) 008-032-440-000

AGENT'S INFORMATION

Agent's Name & Company JANA STRYCKER 872 MONTAGNA ROAD INC
Agent's Mailing _____
City/State/ZIP _____
Phone Number _____
Email: _____

AUTHORIZATION

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2012/2013 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature [Signature]
Property Owner's Printed Name Jana P. Strycker
Company/Ownership (if applicable) 872 Moraga Rd. Inc.
Title (if applicable) CEO