

**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 for residential property up to three (3) units**

**\$100 for all other property types**



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

APPLICATION NUMBER: Clerk Use Only  
**08-2019**

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL, BUSINESS, OR TRUST NAME) Weston Sr, Christopher Martin Trustee EMAIL ADDRESS \_\_\_\_\_  
 MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) PO Box 185  
 CITY Phillipsville STATE CA ZIP CODE 95559 DAYTIME TELEPHONE (707) 223-0226 ALTERNATE TELEPHONE ( ) 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) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_  
 MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME TELEPHONE ( ) ALTERNATE TELEPHONE ( ) 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 <u>043-681-050-000</u>	ASSESSMENT NUMBER <u>990-088-835-000</u>	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION 4917 Troquois Trail, Kelseyville CA 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	<u>8,000.00</u>	<u>2,000.00</u>	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL			
PENALTIES (amount or percent)	<u>8,000.00</u>	<u>2,000.00</u>	

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: 7/4/2019 ROLL YEAR: 2018-2019

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)

*Purchase Price was \$2,000. Auction was open to all owners in Clearlake Riviera. It was publicly announced. I won.*

7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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



# County of Lake

*Richard A. Ford, Assessor-Recorder*

255 N. Forbes Street, Room 223  
Lakeport, Ca 95453 (707) 263-2302

JOE-67-B(P1) Rev. 02 (08-08)

## NOTICE OF SUPPLEMENTAL ASSESSMENT

**DATE OF NOTICE: 07/04/2019**

Parcel Number: 043-681-050-000

Doc Num: 2018R0012232

Asmt Num: 990-088-835-000

Orig Asmt: 043-681-050-000

Situs Address: 4917 IROQUOIS TR KELSEYVILLE CA

Comments:

WESTON SR CHRISTOPHER MARTIN TRUSTEE  
PO BOX 185  
PHILLIPSVILLE CA 95559

Date of Change of Ownership or Completion of New Construction: 09/20/2018

One or more supplemental assessments have been determined for the property shown above. Supplemental assessments are determined in accordance with the California Constitution, article XIII A, which generally requires a current market value reassessment of real property that has either undergone a change in ownership or is newly constructed.

As shown below, a supplemental assessment represents the difference between the property's "new base year value" (for example, current market value) and its existing taxable value. If the change in ownership or completion of new construction occurred between January 1 and May 31, two supplemental assessments are issued: one for the difference between the new base year value and the taxable value appearing on the current assessment roll, and another for the difference between the new base year value and the taxable value that will appear on the assessment roll being prepared.

If a supplemental assessment is a negative amount, the county auditor will make a refund of a portion of the taxes paid on assessments made on the current roll, or the roll being prepared, or both. A copy of the assessment roll is available for inspection by interested parties during regular office hours.

### YOUR RIGHT TO AN INFORMAL REVIEW

If you believe the assessment is incorrect, you have the right to an informal review with the Assessor's staff. You may contact the Assessor's Office for an informal review at (707) 263-2302

	CURRENT ROLL 2018 - 2019			ROLL BEING PREPARED 0 - 0		
	Existing Value	New Value	Supplemental Assessment	Existing Value	New Value	Supplemental Assessment
Land	17,013	8,000	-9,013	0	0	0
Improvements	0	0	0	0	0	0
Growing	0	0	0	0	0	0
Fixtures	0	0	0	0	0	0
Personal Prop./ Mobile Home	0	0	0	0	0	0
Homesite	0	0	0	0	0	0
<b>TAXABLE VALUE</b>	<b>17,013</b>	<b>8,000</b>	<b>-9,013</b>	<b>0</b>	<b>0</b>	<b>0</b>
Exemptions						
Homeowners	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>NET TOTAL</b>	<b>17,013</b>	<b>8,000</b>	<b>-9,013</b>	<b>0</b>	<b>0</b>	<b>0</b>

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

Chris Eeston 7/9/2019  
APN

Comments	APN	Address	APN	Paid
	10161	El Capitan Way	043-701-380	\$1,750.00
Similar	10131	El Capitan Way	043-701-400	\$1,750.00
Similar	4696	Iroquois Trail	043-672010	\$1,750.00
Similar	4839	Iroquois Trail	043-674080	\$2,000.00
Similar	4917	Iroquois Trail	043-681-050	\$2,000.00
Similar	4883	Iroquois Trail	043-681-030	\$1,700.00
Similar	4618	Iroquois Trail	043-661-410	\$500.00
Similar	5355	Monterey Place	043-614-150	\$2,000.00
Filter Lake View	10709	Hawama Place	043-383-070	\$2,000.00
Similar	10100	El Dorado Way	043-722-160	\$
Similar	10197	Sunset Ridge Dr.	043-522-130	\$2,000.00
Similar	10700	Sunset Ridge Dr.	043-521-070	\$1,700.00 est.
Big Lake View	5717	Ponca Way	430-103-040	\$4,000.00
Big Lake View	10902	Northslope Dr.	043-472-120	\$4,000.00
Big Lot 29 Ac	17237	Cache Creek Rd	062-441010	\$3,000.00
Filter Lake View	9526	Fairway Dr.	430-132-030	\$2,500.00
Small Lake View	10898	Northslope Dr.	043-472-110	\$3,000.00
Nice Lake View	4587	Hawama Way	043-403-100	\$4,000.00
Similar	10479	Boren Bega Dr.	043-434-100	\$2,000.00
Realtor	10493	Boren Bega Dr.	043-434-110	\$3,000.00
Realtor Seller	2933	Lakeview Dr, Nice	031-113-690	\$2,600.00
R-Hor Seller	2923	Lakeview Dr, Nice	031-113-680	\$2,600.00

Note: Date of Notice of Supplemental Assessment is suspicious.  
 July 4 is a national holiday everywhere in the USA! Not a work day!

County Of Lake  
Lakeport, California

Receipt No. 1363847

Department: 1012

Date 7-9-19

Received of Christopher Weston \$175.00

One hundred seventy five and no/100

Dollars

Detail of Deposit 5 x 35<sup>00</sup> = Assessment of Parks APN#

043-681-050, 043-674,050, 043-672-010,

043-472-120, 043-701-380

CASH   
CHECK   
OTHER

By *Willy Denny*

**CHRIS WESTON**  
PH. (707) 223-2226  
P.O. BOX 185  
PHILLIPSVILLE, CA 95559

DATE July 9, 2019 2312

PAY TO THE ORDER OF County of Lake \$ 175.00

One Hundred Seventy five and no/100 DOLLARS

UMPQUA BANK  
1-866-4UMPQUA  
(1-866-486-2782)  
WWW.UMPQUABANK.COM

FOR Assessment Appeals *[Signature]* MP

⑆ 123205054⑆ 990346264⑆ 2312