

BEWLEY LASSLEBEN & MILLER LLP

Legal Excellence Since 1888

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MICHAEL T. LEBEAU

CALIFORNIA STATE AND LOCAL TAX GROUP

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JASON C. DEMILLE
PATRICIA VERDUGO

LEIGHTON M. ANDERSON
MICHAEL T. LEBEAU
BENJAMIN K. LEE

March 5, 2025

VIA US MAIL AND E-MAIL (johanna.delong@lakecountyca.gov)

RECEIVED

County of Lake
Local Board of Equalization
c/o Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453

MAR 07 2025

COUNTY COUNSEL

Re: Donica, LLC Request for Reinstatement of
Assessment Appeal Application Nos. 02-2024 through 09-2024

Dear Honorable Chairman and Members of the Board,

We have been engaged by Donica, LLC ("Donica" or the "Applicant") in connection with Lake County Assessment Appeal Application Nos. 02-2024 through 09-2024 (the "Applications") recently heard by the Lake County Board of Supervisors sitting as the local board of equalization (the "Board" or "Local Board of Equalization").

Based on the enclosed e-mail message from Johanna DeLong dated February 28, 2025 (see, Exhibit A to this letter), we are informed that the Local Board of Equalization heard those Applications at its regularly scheduled hearing on February 25, 2025 and that the Board voted to deny the Applicant's timely written request to postpone the hearing.

It is the Applicant's contention that the Local Board of Equalization acted outside the scope of its authority under Property Tax Rule 323 when it denied Donica's timely written postponement request and asks that those Applications be immediately reinstated and re-scheduled for hearing on or after May 23, 2025.

Facts & Background

1. Applicant Donica timely filed eight Assessment Appeal Applications with the Lake County Local Board of Equalization on or about March 7, 2024. (Copies enclosed as Exhibit B to this letter.)
2. On or about January 3, 2025 the Clerk of the Board for the County of Lake informed Applicant's agent Pacific Alliance Real Estate of the time, date, and place of the Applicant's hearing by mailing a "Notice of Hearing on Assessment Appeal." (Copy enclosed as Exhibit C to this letter.)

3. On or about January 23, 2025 the Applicant completed and returned to the Clerk of the Board the required "Hearing Date Confirmation Notice" (the "Notice"). (Copy enclosed as Exhibit D to this letter.)
4. By checking the appropriate field on the Notice, Donica informed the Clerk of the Board that "I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below..." (Exhibit D, p. 1.) The request was accompanied by the required waiver. (*Id.*)
5. At its regularly scheduled hearing on February 25, 2025 and that the Board voted to deny the Applicant's timely written requests to postpone the hearings. (See, Exhibit A.)

Analysis

Was the Local Board of Equalization's denial of Donica's timely written postponement request within the scope of the Board's authority?

No. Property Tax Rule 323, as discussed in the State Board of Equalization's ("SBE") Assessment Appeals Manual, allows the Applicant a first-time postponement as a matter of right provided the request is submitted in writing more than 21 days in advance of the Board's hearing.

SBE Property Tax Rule 323 ("Rule 323"), subsection (a), provides in part:¹

The applicant and/or the assessor shall be allowed one postponement as a matter of right, the request for which must be made not later than 21 days before the hearing is scheduled to commence.

Rule 323 is discussed further in the SBE's *Assessment Appeals Manual*:

Rule 323 contains the provisions for hearing postponements. Rule 323, subsection (a), states in part:

The applicant and/or the assessor shall be allowed one postponement as a matter of right, the request for which must be made not later than 21 days before the hearing is scheduled to commence. If the applicant requests a postponement as a matter of right within 120 days of the

¹ Section 15606, subdivision (c), of the *Government Code* directs the SBE to prescribe rules and regulations governing local boards of equalization in the performance of their duties, and subdivision (f) provides that the SBE will issue instructions, such as those set forth in the *Assessment Appeals Manual*. Regulations adopted by the State Board of Equalization are binding on local boards of equalization and assessment appeals boards. (SBE, *Assessment Appeals Manual*, pp. i-ii.) A complete copy of SBE Property Tax Rule 323 is attached as Exhibit E.

expiration of the two-year limitation period provided in section 1604 of the Revenue and Taxation Code, the postponement shall be contingent upon the applicant's written agreement to extend and toll indefinitely the two-year period subject to termination of the agreement by 120 days written notice by the applicant. The assessor is not entitled to a postponement as a matter of right if the request is made within 120 days of the expiration of the two-year period, but the board, in its discretion, may grant such a request. Any subsequent requests for a postponement must be made in writing, and good cause must be shown for the proposed postponement. A stipulation by an applicant and the assessor shall be deemed to constitute good cause, but shall result in extending and tolling indefinitely the two-year limitation period subject to termination of the agreement by 120 days written notice by the applicant....

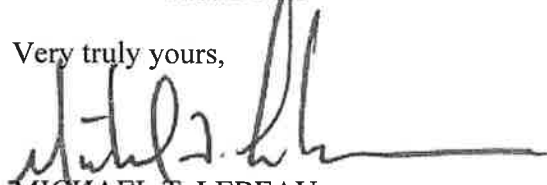
As stated above the Applicant "shall be allowed" one postponement "as a matter of right" provided that request is made no fewer than 21 days before the hearing.

In this case, the Applicant submitted its reply to the Board Clerk's Notice on or about January 23, 2025, more than one month before the hearing scheduled before the Local Board of Equalization. (Exhibit D.) Furthermore, the Applicant's reply also included the waiver demanded by the Clerk of the Board in the Notice. (*Id.*) By submitting the written Notice with the required request for a postponement and waiver to the Lake County Clerk of the Board more than 21 days in advance of the February 25 hearing, Donica was entitled to its postponement "as a matter of right." Because Donica's postponement request was as a "matter of right" the Board lacked the discretion necessary for any vote to deny that request.

Based on the above-described evidence and analysis, we respectfully request that the Lake County Clerk of the Board immediately reinstate Assessment Appeals Application Nos. 02-2024 through 09-2024. Furthermore, the Applicant requests that the Board re-schedule such hearings no sooner than May 23, 2025 due to a pre-planned vacation.

Please telephone if you have any questions or comments whatsoever.

Very truly yours,



MICHAEL T. LEBEAU

Direct Line: 949.678.9177

Direct Fax: 949.203.6308

e-mail: mikel@bewleylaw.com

EXHIBIT A

From: Johanna DeLong <johanna.delong@lakecountyca.gov>
Date: February 28, 2025 at 2:43:00 PM PST
To: mattriveras@wealthinspirationnetwork.com
Cc: Carolyn Purdy <Carolyn.Purdy@lakecountyca.gov>
Subject: Assessment Appeals 02-2024 through 09-2024

Dear Mr. Riveras,

Your request for continuance was included as agenda item 8.3 on February 25, 2025 meeting. The Board of Supervisors sitting as the Local Board of Equalization voted unanimously to deny appeal number 02-2024 through 09-2024. The appeals are officially closed and there is no further action that will be taken.

Best,
Johanna



Johanna DeLong
Assistant Clerk of the Board of Supervisors
Administrative Office
255 N. Forbes St.
Lakeport, CA 95453
Phone: (707) 263-2580
Fax: (707) 263-1012
Email: johanna.delong@lakecountyca.gov

CONFIDENTIALITY NOTICE: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

EXHIBIT B

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

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

**1. APPLICANT INFORMATION - PLEASE PRINT**

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

APPLICATION NUMBER: Clerk Use Only

02-2024

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063

CITY
Windsor

STATE CA ZIP CODE 95492

DAYTIME TELEPHONE () ()

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)
Matthew Eshoo

EMAIL ADDRESS

COMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.

CITY
Rohnert Park

STATE CA ZIP CODE 94928

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

Managing Member

DATE

March 7, 2024

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
025-472-050-000

ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,110,691 | 1,110,691 | |
| IMPROVEMENTS/STRUCTURES | 3,179,017 | 828,061 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,289,708 | 1,938,752 | |
| 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 Jan 16, 2024 **ROLL YEAR 2016-2017

*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 Jan 11, 2011 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)


Matthew J. Riveras, Managing Member

SIGNED AT (CITY, STATE)
Windsor, CA

DATE
March 7, 2024

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT 025-472-050-000
FEE # 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75 54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN
FOR THE FISCAL YEAR AFFECTED

| VALUE SUMMARY YEAR 2016 - 2017 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,110,691 | 1,110,691 | |
| STRUCTURE | | 3,179,017 | 3,179,017 |
| GROWING IMPROVS | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,110,691 | 4,289,708 | 3,179,017 |
| LESS EXEMPTIONS | | | |
| NET TAXABLE | 1,110,691 | 4,289,708 | 3,179,017 |

County Assessor-Recorder

Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone 707-263-2302
Recorder's Office Phone 707-263-2293
Fax 707-263-3703

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned

COMPANY NAME
Pacific Alliance Real Estate

EMAILADDRESS pl

| | |
|-------|----------|
| STATE | ZIP CODE |
| CA | 94928 |

DAYTIME TELEPHONE

ALTERNATE TELEPHONE

FAX TELEPHONE

REAL PROPERTY ASSESSOR'S PARCEL NUMBER
025-472-050-000

PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

☐ This authorization is valid until (date).

This authorization is valid for the calendar year 2024 (TWO) only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

SIGNATURE OF OWNER, PARTNER, OR OFFICER

TELEPHONE NUMBER

PRINT NAME
Matthew J. Riveras

| | |
|-------|---------------------------------|
| TITLE | Managing Member for Donica, LLC |
|-------|---------------------------------|

EMAIL ADDRESS
matt@wealthinspirationnetwork.com

DATE
Feb 19, 2024

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

17/18 RECEIVED

BCE-305-AH (P1) REV. 11 (05-22)

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

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

W4

APPLICATION NUMBER: Clerk Use Only

03-2024

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Dorica, LLC

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063CITY
WindorSTATE
CA ZIP CODE
95492

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)
Matthew Eshoo

EMAIL ADDRESS

COMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.

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
Managing MemberDATE
March 7, 2024**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 BILLASSESSOR'S PARCEL NUMBER
025-472-050-000ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,132,904 | 1,132,904 | |
| IMPROVEMENTS/STRUCTURES | 3,242,597 | 844,622 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,375,501 | 1,977,526 | |
| 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: Jan 16, 2024

**ROLL YEAR: 2017-2018

*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 Jan 11, 2011 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)
Windsor, CADATE
March 7, 2024NAME (Please Print)
Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2017 - 2018 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,132,904 | 1,132,904 | |
| STRUCTURE | | 3,242,597 | 3,242,597 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,132,904 | 4,375,501 | 3,242,597 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,132,904 | 4,375,501 | 3,242,597 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | | | |
|--|--------------------|---|--|-------------------------------------|-------------------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | | | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | | | | EMAIL ADDRESS |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE (()) | ALTERNATE TELEPHONE (()) | FAX TELEPHONE (()) |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 202024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <i>mm</i> MAR 4 7, 2024 |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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.**

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Dorica, LLC

APPLICATION NUMBER: Clerk Use Only

04-2024

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063CITY
Windsor

STATE CA ZIP CODE 95492

DAYTIME TELEPHONE

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)
Matthew EshooCOMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.CITY
Rohnert Park

STATE CA ZIP CODE 94928

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

Matthew J. Rivera

TITLE

Managing Member

DATE

March 7, 2024

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 BILLASSESSOR'S PARCEL NUMBER
025-472-050-000ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,155,562 | 1,155,562 | |
| IMPROVEMENTS/STRUCTURES | 3,307,448 | 861,514 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,463,010 | 2,017,076 | |
| PENALTIES (amount or percent) | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

18/19

RECEIVED

COUNTY OF LAKE
BOARD OF SUPERVISORS
ADMINISTRATIVE OFFICE

WIK

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: Jan 16, 2024

**ROLL YEAR: 2018-2019

*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 Jan 11, 2011 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)

Windsor, CA

DATE

March 7, 2024

NAME (Please Print)
Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2018 - 2019 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,155,562 | 1,155,562 | |
| STRUCTURE | | 3,307,448 | 3,307,448 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,155,562 | 4,463,010 | 3,307,448 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,155,562 | 4,463,010 | 3,307,448 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | | |
|--|--------------------|---|--------------------------|----------------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | EMAIL ADDRESS | | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE () | ALTERNATE TELEPHONE () |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 2024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|--|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <i>initialed</i> MAR 4 7, 2024 |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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.**

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Donica, LLCMAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063CITY
WindsorSTATE ZIP CODE
CA 95492

DAYTIME TELEPHONE

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)
Matthew EshooEMAIL ADDRESS
pcappraisal@earthlink.netCOMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.CITY
Rohnert ParkSTATE ZIP CODE
CA 94928

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
Managing MemberDATE
March 7, 2024**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 BILLASSESSOR'S PARCEL NUMBER
025-472-050-000ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,178,673 | 1,178,673 | |
| IMPROVEMENTS/STRUCTURES | 3,373,596 | 878,745 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,552,269 | 2,057,418 | |
| PENALTIES (amount or percent) | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

COUNTY OF LAKE
BOARD OF SUPERVISORS
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

05-2024

EMAIL ADDRESS

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: Jan 16, 2024 **ROLL YEAR: 2019-2020

*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application

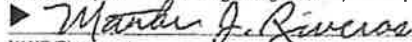
6. REASON FOR FILING APPEAL (FACTS)**See instructions before completing this section.**

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 Jan 11, 2011 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)

Windsor, CA

DATE

March 7, 2024

NAME (Please Print)
Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2019 - 2020 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,178,673 | 1,178,673 | |
| STRUCTURE | | 3,373,596 | 3,373,596 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,178,673 | 4,552,269 | 3,373,596 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,178,673 | 4,552,269 | 3,373,596 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

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| | | | | | |
|--|--------------------|---|--|----------------------------|----------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | | | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | | EMAIL ADDRESS | | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE () | ALTERNATE TELEPHONE () | FAX TELEPHONE () |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 2024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

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| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <i>mm</i> MAR 4 7, 2024 |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



ASSESSMENT APPEAL APPLICATION

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1. APPLICANT INFORMATION - PLEASE PRINT

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

APPLICATION NUMBER: Clerk Use Only

06-2024

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063

CITY
Windsor

STATE CA ZIP CODE
95492

DAYTIME TELEPHONE

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)
Matthew Eshoo

EMAIL ADDRESS

COMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.

CITY
Rohnert Park

STATE CA ZIP CODE
94928

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
Managing MemberDATE
March 7, 2024**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
025-472-050-000

ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,202,246 | 1,202,246 | |
| IMPROVEMENTS/STRUCTURES | 3,441,076 | 896,319 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,643,322 | 2,098,565 | |
| 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: Jan 16, 2024

**ROLL YEAR: 2020 -2021

*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 Jan 11, 2011 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

Windsor, CA

March 7, 2024

NAME (Please Print)

Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2020 - 2021 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,202,246 | 1,202,246 | |
| STRUCTURE | | 3,441,076 | 3,441,076 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,202,246 | 4,643,322 | 3,441,076 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,202,246 | 4,643,322 | 3,441,076 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | |
|--|--------------------|---|----|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | EMAIL ADDRESS† | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DA |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 2023 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <u>MAR 4 7, 2024</u> |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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

APPLICATION NUMBER: Clerk Use Only

07-2024

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Donica, LLC

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063CITY
WindsorSTATE ZIP CODE
CA 95492

DAYTIME TELEPHONE

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)
Matthew EshooCOMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.CITY
Rohnert ParkSTATE ZIP CODE
CA 94928

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

Matthew J. Rivera

TITLE

Managing Member

DATE

March 7, 2024

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 BILLASSESSOR'S PARCEL NUMBER
025-472-050-000ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd, 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

1,214,701

1,214,701

IMPROVEMENTS/STRUCTURES

3,476,716

914,246

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

4,691,417

2,128,947

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: Jan 16, 2024 **ROLL YEAR: 2021 - 2022

*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 Jan 11, 2011 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)

Matthew J. Riveras

SIGNED AT (CITY, STATE)

Windsor, CA

DATE

March 7, 2024

NAME (Please Print)
Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2021 - 2022 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,214,701 | 1,214,701 | |
| STRUCTURE | | 3,476,716 | 3,476,716 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,214,701 | 4,691,417 | 3,476,716 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,214,701 | 4,691,417 | 3,476,716 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

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☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | |
|--|--------------------|---|--------------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | EMAIL ADDRESS† | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE () |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | COUNTY ASSESSMENT NUMBER | |
| PERMITS | | ALTERNATE TELEPHONE () | FAX TELEPHONE () |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 202024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER 707- |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <u>MAR 4 7, 2024</u> |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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

COUNTY OF LAKE
BOARD OF SUPERVISORS
AND DISTRICT OFFICE

APPLICATION NUMBER: Clerk Use Only

08-2024

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Donica, LLC

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063CITY
Windsor

STATE CA ZIP CODE 95492

DAYTIME

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)
Matthew Eshoo

EMAIL ADDRESS

COMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.CITY
Rohnert Park

STATE CA ZIP CODE 94928

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

Managing Member

DATE

March 7, 2024

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 BILLASSESSOR'S PARCEL NUMBER
025-472-050-000ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,238,995 | 1,238,995 | |
| IMPROVEMENTS/STRUCTURES | 3,546,250 | 932,531 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,785,245 | 2,171,526 | |
| 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: Jan 16, 2024 **ROLL YEAR: 2022 - 2023
*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 Jan 11, 2011 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)

Matthew J. Riveras

SIGNED AT (CITY, STATE)

Windsor, CA

DATE

March 7, 2024

NAME (Please Print)
Matthew J. Riveras, Managing Member

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404

ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

Failure to report LEOP Change in Ownership

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 75.54

THIS WILL INCREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

| VALUE SUMMARY YEAR 2022 - 2023 | OLD VALUE | NEW VALUE | NET CHANGE |
|-----------------------------------|-----------|-----------|------------|
| LAND | 1,238,995 | 1,238,995 | |
| STRUCTURE | | 3,546,250 | 3,546,250 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,238,995 | 4,785,245 | 3,546,250 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,238,995 | 4,785,245 | 3,546,250 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | |
|--|--------------------|---|--------------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | EMAIL ADDRESS | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE () |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 202024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <u>MARCH 7, 2024</u> |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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.**

1. APPLICANT INFORMATION - PLEASE PRINT

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

APPLICATION NUMBER: Clerk Use Only

09-2024

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
PO box 2063

| | | | | | |
|-----------------|-------------|-------------------|--------------------------|----------------------------|----------------------|
| CITY Windsor | STATE CA | ZIP CODE 95492 | DAYTIME TELEPHONE () | 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)
Matthew Eshoo

EMAIL ADDRESS

COMPANY NAME
Pacific Alliance Real Estate

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
6040 Commerce Blvd.

| | | | | | |
|----------------------|-------------|-------------------|--------------------------|----------------------------|----------------------|
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | 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
Managing MemberDATE
March 7, 2024**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
025-472-050-000

ASSESSMENT NUMBER
025-472-050-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION
818 Lakeport Blvd., 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 | 1,263,774 | 1,263,774 | |
| IMPROVEMENTS/STRUCTURES | 3,617,175 | 951,181 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | 4,880,949 | 2,214,955 | |
| 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: Jan 16, 2024**ROLL YEAR: 2023 - 2024

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

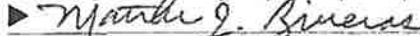
6. REASON FOR FILING APPEAL (FACTS)**See instructions before completing this section.**

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 Jan 11, 2011 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)

Windsor, CA

DATE

March 7, 2024

NAME (Please Print)

Matthew J. Riveras, Managing Member

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



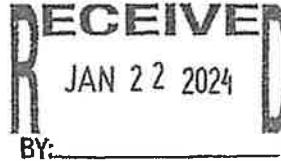
County of Lake

Richard A. Ford, Assessor-Recorder

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

NOTICE OF PROPOSED ESCAPED ASSESSMENT

DONICA, LLC
114 PIERCE ST
SANTA ROSA CA 95404



ASMT: 025-472-050-000
FEE #: 025-472-050-000
BASE ASMT: 025-472-050-000

SECURED

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD
LAKEPORT CA

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Failure to report LEOP Change in Ownership

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|-----------------------------------|-----------|-----------|------------|
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| STRUCTURE | | 3,617,175 | 3,617,175 |
| GROWING IMPROVS. | | | |
| PP MOBILE HOME | | | |
| FIXTURES | | | |
| PERSONAL PROPERTY | | | |
| TOTAL | 1,263,774 | 4,880,949 | 3,617,175 |
| LESS: EXEMPTIONS | | | |
| NET TAXABLE | 1,263,774 | 4,880,949 | 3,617,175 |



Richard Ford
County Assessor-Recorder
Lake County Courthouse
255 North Forbes Street
Lakeport, CA 95453
Assessor's Office Phone: 707-263-2302
Recorder's Office Phone: 707-263-2293
Fax: 707-263-3703

AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

☒ AUTHORIZATION OF AGENT ☐ DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| | | | | | |
|--|--------------------|---|--|----------------------------|----------------------|
| AGENT NAME Matthew Eshoo | | COMPANY NAME Pacific Alliance Real Estate | | | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 6040 Commerce Blvd. #106 | | | | EMAIL ADDRESS | |
| CITY Rohnert Park | STATE CA | ZIP CODE 94928 | DAYTIME TELEPHONE () | ALTERNATE TELEPHONE () | FAX TELEPHONE () |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000 | | | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER | | |

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☒ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) _____

DURATION OF AUTHORITY

☐ This authorization is valid until (date): _____

☒ This authorization is valid for the calendar year 202024 only.

☒ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

| | |
|---|---|
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
| PRINT NAME Matthew J. Riveras | TITLE Managing Member for Donica, LLC |
| EMAIL ADDRESS matt@wealthinspirationnetwork.com | DATE Feb. 13, 2024 <u>MAR 4 7, 2024</u> |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EXHIBIT C



**COUNTY OF LAKE
CLERK OF THE BOARD**

Courthouse - 255 North Forbes Street
Lakeport, California 95453
TELEPHONE (707) 263-2368
FAX (707) 263-2207

January 3, 2025

Matthew Eshoo
Pacific Alliance Real Estate
Rohnert Park, CA, 94928

RE: NOTICE OF HEARING ON ASSESSMENT APPEAL
APPLICATION NAME: Donica LLC
APPLICATION NUMBER(S): 02-2024 through 09-2024
ASSESSOR'S PARCEL NUMBER(S): 025-472-050-000

YOU ARE HEREBY NOTIFIED that your application for a change in assessment will be heard by the Lake County Local Board of Equalization on February 25, 2025, at 10:00 a.m. in the Board of Supervisors Chambers, County Courthouse, 255 North Forbes Street, Lakeport, CA 95453.

Several applications may be set for hearing at the same time and each will be considered as soon as possible in the order listed on the Clerk's agenda. If neither you nor your qualified representative appears, the Board must deny your application under Rule 316.

The Local Board of Equalization is required to find the full cash value of the property from the evidence presented at the hearing, and the value so found may exceed the full cash value determined by the Assessor with the result that your assessment may be raised rather than lowered. An application for a reduction in the assessment of a portion of an improved real property (e.g., land only or improvements only) or a portion of installations which are partly real property and partly personal property (e.g., only the improvement portion or only the personal property portion of machinery and equipment) may result in an increase in the unprotected assessment of the other portion or portions of the property, which increase will offset in whole or in part any reduction in the protested assessment.

It is requested that you return the enclosed letter confirming your intention to appear at the hearing at least 21 days prior to the date noted above. Your response should be received by February 4, 2025. If you have any questions, please contact the Clerk of the Local Board of Equalization.


Johanna DeLong, Assistant Clerk of the Board

Enclosure: Hearing Date Confirmation Notice

**COUNTY OF LAKE****CLERK OF THE BOARD**

Courthouse - 255 North Forbes Street

Lakeport, California 95453

TELEPHONE (707) 263-2368

FAX (707) 263-2207

HEARING DATE CONFIRMATION NOTICE**THIS PORTION MUST BE RETURNED**

Application No(s): 02-2024 through 09-2024

Hearing Date: February 25, 2025 @10:00 A.M.

Assessee/Owner: Matthew Eshoo

APN(s): 005-014-250-000

**YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST
21 DAYS PRIOR TO THE HEARING DATE**

- Yes, I (or my agent) will be present for my scheduled hearing.
- I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.

Signature: Owner/Agent

Date

Daytime Phone Number

**IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR
WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.**
(PLEASE RETURN WHOLE PAGE)**LAKE COUNTY
LOCAL BOARD OF EQUALIZATION
EXTENSION FOR TIME OF HEARING**

Application No(s): 02-2024 through 09-2024

Hearing Date: February 25, 2025 @10:00 A.M.

Assessee/Owner: Matthew Eshoo

APN(s): 005-014-250-000

I, _____ hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

Date signed

Print Name of Applicant or Agent

Company/Firm Name (Agent's)

Signature of Applicant/Agent

Mailing Address

City, State, ZIP

Daytime Phone Number

Alternate Telephone Number

*Please return this form to:***LAKE COUNTY
CLERK OF THE BOARD
255 NORTH FORBES STREET
LAKEPORT, CA 95453**

EXHIBIT D



COUNTY OF LAKE
CLERK OF THE BOARD
Courthouse - 255 North Forbes Street
Lakeport, California 95453
TELEPHONE (707) 283-2388
FAX (707) 283-2207

HEARING DATE CONFIRMATION NOTICE
THIS PORTION MUST BE RETURNED

Application No(s): 02-2024 through 09-2024
Assessee/Owner: Matthew Eshoo

Hearing Date: February 25, 2025 @10:00 A.M.
APN(s): 005-014-250-000

**YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST
21 DAYS PRIOR TO THE HEARING DATE**

- ☐ Yes, I (or my agent) will be present for my scheduled hearing.
- ☒ I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- ☐ Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.

Matthew J. Biveras
Signature of Agent

1-23-25
Date

707-486-3255
Daytime Phone Number

**IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR
WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.
(PLEASE RETURN WHOLE PAGE)**

**LAKE COUNTY
LOCAL BOARD OF EQUALIZATION
EXTENSION FOR TIME OF HEARING**

Application No(s): 02-2024 through 09-2024
Assessee/Owner: Matthew Eshoo

Hearing Date: February 25, 2025 @10:00 A.M.
APN(s): 005-014-250-000

I, MATTHEW RIVERAS hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

1-23-25
Date signed

DONICA, LLC
Company/Own Name (Agent's)

P.O. Box 2063
Mailing Address

707-486-3255
Daytime Phone Number

DONICA, LLC / MATTHEW RIVERAS
Print Name of Applicant or Agent

Matthew J. Biveras
Signature of Applicant/Agent

WINDSOR, CA 95492
City, State, ZIP

Alternate Telephone Number

Please return this form to:

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

EXHIBIT E

State of California
BOARD OF EQUALIZATION
PROPERTY TAX RULES

Division 1. State Board of Equalization-Property Tax
Chapter 3. Local Equalization
Article 1. Hearing by County Board

Rule 323. Postponements and Continuances.

Authority: Section 15606, Government Code.
Reference: Sections 1605.6 and 1606, Revenue and Taxation Code.

(a) The applicant and/or the assessor shall be allowed one postponement as a matter of right, the request for which must be made not later than 21 days before the hearing is scheduled to commence. If the applicant requests a postponement as a matter of right within 120 days of the expiration of the two-year limitation period provided in section 1604 of the Revenue and Taxation Code, the postponement shall be contingent upon the applicant's written agreement to extend and toll indefinitely the two-year period subject to termination of the agreement by 120 days written notice by the applicant. The assessor is not entitled to a postponement as a matter of right if the request is made within 120 days of the expiration of the two-year period, but the board, in its discretion, may grant such a request. Any subsequent requests for a postponement by the applicant or the assessor must be made in writing, and good cause must be shown for the proposed postponement. A stipulation by an applicant and the assessor shall be deemed to constitute good cause, but shall result in extending and tolling indefinitely the two-year limitation period subject to termination of the agreement by 120 days written notice by the applicant. Any information exchange dates remain in effect based on the originally scheduled hearing date notwithstanding the hearing postponement, except as provided in regulation 305.1(d) of this subchapter.

(b) A board of supervisors may delegate decisions concerning postponement to the clerk in accordance with locally adopted rules. Requests for postponement shall be considered as far in advance of the hearing date as is practicable.

(c) At the hearing, the board or a hearing officer may continue a hearing to a later date. The board or hearing officer must make every reasonable effort to maintain continuous hearings. If either party requests a continuance, and the board or hearing officer grants it, the continuance should not exceed 90 days, unless the parties at the hearing stipulate to a longer continuance. However, a longer continuance may be granted by the board or hearing officer where reasonable cause for the continuance is established to the satisfaction of the board or hearing officer by the requesting party or where the reasonable needs of the county board of equalization or assessment appeals board or hearing officer dictate the necessity for a longer continuance. The reasons justifying the continuance shall be stated on the record. Notwithstanding the prior provisions of this subdivision (c), the board or hearing officer shall not, without reasonable cause, grant the assessor a continuance after the applicant has presented his or her case; however, the assessor shall be granted a continuance under section 441(h) of the Revenue and Taxation Code if the applicant has introduced information at the hearing which had previously been requested of the applicant by the assessor. Likewise, the board or hearing officer shall not, without reasonable cause, grant the applicant a continuance after the assessor has presented his or her case; however, the applicant shall be granted a continuance under section 408(f)(3) of the Revenue and Taxation Code if the assessor has introduced information at the hearing which had previously been requested of the assessor by the applicant.

(d) If the applicant requests a continuance within 90 days of the expiration of the two-year period specified in section 1604 of the Revenue and Taxation Code, the board may require a written extension signed by the applicant extending and tolling the two-year period indefinitely subject to termination of the agreement by 120 days written notice by the applicant. The clerk shall inform the applicant or the applicant's agent and the assessor in writing of the time and place of the continued hearing not less than 10 days prior to the new hearing date, unless the parties agree in writing or on the record to waive written notice.

History: Adopted May 11, 1967, effective June 11, 1967.
Amended May 21, 1968, effective June 26, 1968.
Amended November 20, 1968, effective November 22, 1968.
Amended October 6, 1999, effective April 22, 2000.
Amended December 12, 2018, effective January 1, 2020.