

1617 RECEIVED

BOE-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

WH

APPLICATION NUMBER: Clerk Use Only

02-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME 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 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

Matthew J. Siveras

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)


NAME (Please Print)
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

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

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.



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

ASSESSMENT APPEAL APPLICATION

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

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

03-2024

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

EMAIL ADDRESS

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

Matthew J. Riveras

TELEPHONE NUMBER

PRINT NAME

Matthew J. Riveras

TITLE

Managing Member for Donica, LLC

EMAIL ADDRESS

matt@wealthinspirationnetwork.com

DATE

Feb. 13, 2024 *Mar 4 7, 2024*

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



18/19

RECEIVED

BOE-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.**

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

Wk

APPLICATION NUMBER: Clerk Use Only

04-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME 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 2063

CITY
Windsor

STATE
CA

ZIP CODE
95492

DAYTIME TELEPHONE

ALTERNATE TELEPHONE
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FAX TELEPHONE
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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

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

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☒ AUTHORIZATION ATTACHED

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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. Rivers

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
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DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒

☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

☐ AGRICULTURAL

☐ POSSESSORY INTEREST

☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____

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☐ 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

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.**

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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 ()	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.

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.**

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
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 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
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 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 ~~4,289,708~~

2,057,418

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

19/20

RECEIVED

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

NH

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)

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

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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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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

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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 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>Mar 4 7, 2024</i>

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ASSESSMENT APPEAL APPLICATION

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

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

06-2024

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 95492DAYTIME 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 t

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 ParkSTATE ZIP CODE
CA 94928ALTERNATE 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	1,202,246	1,202,246	
IMPROVEMENTS/STRUCTURES	3,441,076	896,319	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	4,643,322 4,380,700	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.**

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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)

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County of Lake

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PP MOBILE HOME			
FIXTURES			
PERSONAL PROPERTY			
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LESS: EXEMPTIONS			
NET TAXABLE	1,202,246	4,643,322	3,441,076



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CITY Rohnert Park	STATE CA	ZIP CODE 94928	DA
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000		PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER	

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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 <u>MAR 4 7, 2024</u>

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COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE



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 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 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	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	1,214,701	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)



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.

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
()

PERS
ALTERNATE TELEPHONE
()

FAX TELEPHONE
()

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

COUNTY 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

Matthew J. Riveras

TELEPHONE NUMBER

707-

PRINT NAME

Matthew J. Riveras

TITLE

Managing Member for Donica, LLC

EMAIL ADDRESS

matt@wealthinspirationnetwork.com

DATE

Feb. 13, 2024 *TRM* 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.**

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

WHL

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
WindsorSTATE
CAZIP 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)
5040 Commerce Blvd.CITY
Rohnert ParkSTATE
CAZIP CODE
94928DAYTIME TELEPHONE
8

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

1,238,995

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)

SIGNED AT (CITY, STATE)

DATE

Matthew J. Riveras

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 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 ()	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.

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>MAK 4 7, 2024</i>

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 /
ADMINISTRATIVE OFFICE

WH

APPLICATION NUMBER: Clerk Use Only

09-2024

1. APPLICANT INFORMATION - PLEASE PRINT

NAME 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 2053

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

1,263,774

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

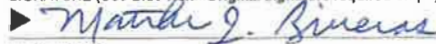
6. REASON FOR FILING APPEAL (FACTS)**See instructions before completing this section.**

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



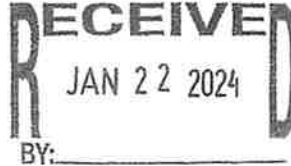
County of Lake

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

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 2023 - 2024	OLD VALUE	NEW VALUE	NET CHANGE
LAND	1,263,774	1,263,774	
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 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 <u>MAR 4 7, 2024</u>

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

