

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

SHEKOU MANAGEMENT, ET AL

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

2167 FRANCISCO BLVD., STE A

CITY SAN RAFAEL

STATE CA ZIP CODE 94901

DAYTIME TELEPHONE (415)453-0212

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)

SABERI, TOM

EMAIL ADDRESS

COMPANY NAME

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

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

1045 AIRPORT BLVD.

CITY SOUTH SAN FRANCISCO

STATE CA ZIP CODE 94080

DAYTIME TELEPHONE ()

ALTERNATE TELEPHONE ()

FAX TELEPHONE ()

AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

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

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER	ASSESSMENT NUMBER	FEES NUMBER
009-002-330-000 ACCOUNT NUMBER	009-002-330-000 TAX BILL NUMBER	009-002-330-000

PROPERTY ADDRESS OR LOCATION
8727 SODA BAY RD., KELSEYVILLE, CA 95451 DOING BUSINESS AS (DBA), if appropriate
CLEARLAKE RESORT SERVICES, LLC

PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
 MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____
 COMMERCIAL/INDUSTRIAL
 BUSINESS PERSONAL PROPERTY/FIXTURES

AGRICULTURAL
 MANUFACTURED HOME
 WATER CRAFT
 OTHER: _____

POSSESSORY INTEREST
 VACANT LAND
 AIRCRAFT

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$ 700,000.00	\$ 350,000.00	
IMPROVEMENTS/STRUCTURES	10,126,254.00	650,000.00	
FIXTURES			
PERSONAL PROPERTY (see instructions)	970,981.00	8	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$ 11,847,245.00	\$ 1,000,000.00	
PENALTIES (amount or percent)			

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

\$35 for residential property up to three (3) units

\$100 for all other property types

RECEIVED

NOV 15 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

24-2014

RP 10:30AM

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

*DATE OF NOTICE: _____ ROLL YEAR: _____

 ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT

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

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

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

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

A. DECLINE IN VALUE

 The assessor's roll value exceeds the market value as of January 1 of the current year.

B. CHANGE IN OWNERSHIP

 1. No change in ownership occurred on the date of 3-21-18. 2. Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION

 1. No new construction occurred on the date of _____. 2. Base year value for the completed new construction established on the date of _____ is incorrect. 3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.

 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT

 Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between land and improvements).

H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.

 1. Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location is incorrect.

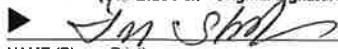
I. OTHER

 Explanation (attach sheet if necessary) _____7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per _____) Are requested. Are not requested.8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND *See instructions.* Yes No

CERTIFICATION

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

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



NAME (Please Print)



SIGNED AT (CITY, STATE)

DATE

11-11-19

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

ASSESSMENT APPEAL APPLICATION

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\$35 for residential property up to three (3) units

\$100 for all other property types

PP 10:30am

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NOV 15 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

30-2019

1. APPLICANT INFORMATION - PLEASE PRINT

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

SHEKOU MANAGEMENT, ET AL

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

2167 FRANCISCO BLVD., STE. A

CITY: SAN RAFAEL

STATE: CA ZIP CODE: 94901

DAYTIME TELEPHONE: (415) 453-0212

ALTERNATE TELEPHONE: ()

FAX TELEPHONE: ()

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

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

EMAIL ADDRESS

COMPANY NAME

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

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

1045 AIRPORT BLVD.

CITY: SOUTH SAN FRANCISCO

STATE: CA ZIP CODE: 94080

DAYTIME TELEPHONE: ()

ALTERNATE TELEPHONE: ()

FAX TELEPHONE: ()

AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

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

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 009-002-340-000	ASSESSMENT NUMBER 009-002-340-000	FEES NUMBER 009-002-340-000
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION

DOING BUSINESS AS (DBA), if appropriate

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

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$ 50,000.00	\$ 50,000.00	
IMPROVEMENTS/STRUCTURES	1,000,000.00	250,000.00	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$ 1,050,000.00	\$ 300,000.00	
PENALTIES (amount or percent)			

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

*DATE OF NOTICE: _____

ROLL YEAR: _____

 ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT

*DATE OF NOTICE: _____

**ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

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

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H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.

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I. OTHER

 Explanation (attach sheet if necessary) _____7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per _____) Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

 Yes No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number 1691652, 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

11-11-19

NAME (Please Print)

JOE SHEKOU

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

ASSESSMENT APPEAL APPLICATION

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\$35 for residential property up to three (3) units

\$100 for all other property types

10:30am

RECEIVED

NOV 15 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

31-2014

EMAIL ADDRESS

TSHEKOU@JHSPROPERTIES.NET

1. APPLICANT INFORMATION - PLEASE PRINT

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

SHEKOU MANAGEMENT, ET AL

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

2167 FRANCISCO BLVD, STE. A

CITY

SAN RAFAEL

STATE

CA 94901

ZIP CODE

DAYTIME TELEPHONE

ALTERNATE TELEPHONE

FAX TELEPHONE

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

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EMAIL ADDRESS

COMPANY NAME

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1045 AIRPORT BLVD.

CITY

SOUTH SAN FRANCISCO

STATE

CA 94080

ZIP CODE

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DATE

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ASSESSOR'S PARCEL NUMBER	ASSESSMENT NUMBER	FEES NUMBER
009-002-360-000	009-002-360-000	009-002-360-000

PROPERTY ADDRESS OR LOCATION

8727 SODA BAY RD, KELSEYVILLE, CA 95451

DOING BUSINESS AS (DBA), if appropriate

CLEARLAKE RESORT SERVICES, LLC

PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
 MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____
 COMMERCIAL/INDUSTRIAL
 BUSINESS PERSONAL PROPERTY/FIXTURES

AGRICULTURAL
 MANUFACTURED HOME
 WATER CRAFT
 OTHER: _____

POSSESSORY INTEREST
 VACANT LAND
 AIRCRAFT

4. VALUE

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$ 97,797.00	\$ 50,000.00	
IMPROVEMENTS/STRUCTURES	728,280.00	250,000.00	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$ 826,077.00	\$ 300,000.00	
PENALTIES (amount or percent)			

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

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**Each roll year requires a separate application

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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 (\$ 00.00 per _____)

Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

Yes No

CERTIFICATION

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

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

NAME (Please Print)

SIGNED AT (CITY, STATE)

DATE

11-11-19

J. B. SHAKOU

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

ounty Of Lake
akeport, California

partment: 1012

Receipt No. 1373379

Date 11/15/19

ived of Carol Lee Hamel \$ 105.00

One hundred & five dollars 00/100

ll of Deposit 3 assessment appeal Application Dollars

SH
CK 705
ER

By 251

RUSSELL C CHAMEL
CAROL LEE HAMEL
8727 SODA BAY RD.
KELSEYVILLE, CA 95451

705

90-4021/1211

DATE 11-15-2019

PAY TO
THE ORDER OF
County of Lake \$ 105.00
One hundred and Five dollars 00
00



KELSEYVILLE OFFICE 1-800-848-1084
4025 MAIN STREET
KELSEYVILLE, CA 95451

MEMO

Carol L. Hamel

112140218070503560679911

SPECIALLY MADE

County Of Lake Lakeport, California		Receipt No. <u>1373379</u>
Department:	<u>100</u>	Date <u>11/15/19</u>
Received of	<u>Carol L. Hamel</u>	\$ <u>105.00</u>
One hundred and Five dollars		
Dollars		
Detail of Deposit		
CASH	<input type="checkbox"/> <u>✓</u> 705	
CHECK	<input type="checkbox"/> <u>✓</u>	
OTHER	<input type="checkbox"/>	

County Of Lake
port, California
Department: _____

Receipt No. 1373383
Date 11/18/19

Received of Carol Lee Hamel \$ 195-
One hundred & ninety five dollars
Detail of Deposit 3 Assessment Appeal Application Dollars

CASH
CHECK 706
OTHER

22
By _____

RUSSELL CHAMEL
CAROL LEE HAMEL
8727 SODA BAY RD.
KELSEYVILLE, CA 95451

90-4021/1211
706
DATE 11-18-19
PAY TO County of Lake \$ 195.00
THE ORDER OF One hundred Ninety-Five Dollars 195.00 DOLLARS
WESTAMERICA BANK
KELSEYVILLE OFFICE 1-800-848-1068
4026 MAIN STREET
KELSEYVILLE, CA 95451
MEMO Taxes

© 1982 Datayne Corporation

SEARCHED

INDEXED

FILED

11-21-80 2:18:00 PM 035606 79911

