

16/17 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 ZIP CODE
CA 95492

DAYTIME TELEPHONE

ALTERNATE TELEPHONE

FAX TELEPHONE

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

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

CITY
Rohnert Park

STATE ZIP CODE
CA 94928

DAYTIME TELEPHONE

ALTERNATE TELEPHONE

FAX TELEPHONE

AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE
Managing 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:

Table with 4 columns: 4. VALUE, A. VALUE ON ROLL, B. APPLICANT'S OPINION OF VALUE, C. APPEALS BOARD USE ONLY. Rows include LAND, IMPROVEMENTS/STRUCTURES, FIXTURES, PERSONAL PROPERTY, MINERAL RIGHTS, TREES & VINES, OTHER, TOTAL, and PENALTIES.

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

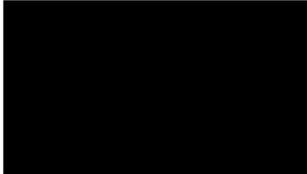


**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



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



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 (checked) and Designation of California Attorney, State Bar No. (unchecked)

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; City: Rohnert Park; State: CA; ZIP Code: 94928; REAL PROPERTY ASSESSOR'S PARCEL NUMBER: 025-472-050-000

A list consisting of additional properties is attached (unchecked)

AUTHORITY

This agent is delegated full authority to handle all assessment matters with your office (checked); Other (please specify) (unchecked)

DURATION OF AUTHORITY

This authorization is valid until (date) (unchecked); This authorization is valid for the calendar year 2024 only (checked); This authorization is valid for a period of no more than two (2) years from the date of execution (checked)

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.

Signature of Owner, Partner, or Officer: Matthew J. Riveras; Telephone Number: 7...; Print Name: Matthew J. Riveras; Title: Managing Member for Donica, LLC; Date: Feb. 13, 2024

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



BOE-305-AH (F1) 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  
 03-2024

**1. APPLICANT INFORMATION - PLEASE PRINT**

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

EMAIL ADDRESS

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

CITY Windsor STATE CA ZIP CODE 95492 ALTERNATE TELEPHONE FAX TELEPHONE

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

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

EMAIL ADDRESS

COMPANY NAME  
 Pacific Alliance Real Estate

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

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  
 [Signature]

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
- 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	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)			

**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:

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- 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 <b>Blue Pen</b> - 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

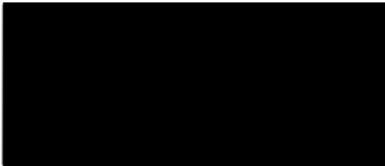


**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



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	<b>1,132,904</b>	<b>4,375,501</b>	<b>3,242,597</b>



**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): [REDACTED]      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**

[REDACTED]      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**

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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

NH

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 ZIP CODE  
CA 95492

DAYTIME TELEPHONE

ALTERNATE TELEPHONE  
( )

FAX TELEPHONE  
( )

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

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

CITY  
Rohnert Park

STATE ZIP CODE  
CA 94928

DAYTIME TELEPHONE

ALTERNATE TELEPHONE  
( )

FAX TELEPHONE  
( )

**AUTHORIZATION OF AGENT**

AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

Matthew J. Riveros

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	1,155,562	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.

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, Marketing 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

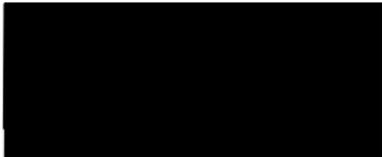


**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



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**

██████████    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: *Matthew J. Riveras*    TELEPHONE NUMBER: \_\_\_\_\_

PRINT NAME: **Matthew J. Riveras**    TITLE: **Managing Member for Donica, LLC**

DATE: **Feb 13, 2024**    *MMR*    **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

NH

APPLICATION NUMBER: Clerk Use Only  
**05-2024**

**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

COMPANY NAME  
Pacific Alliance Real Estate

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

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

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 DATE  
Managing Member 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	1,178,673	1,178,673	
IMPROVEMENTS/STRUCTURES	3,373,596	878,745	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	4,552,269	2,057,418	
PENALTIES (amount or percent)			

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.
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  - 1. No new construction occurred on the date of \_\_\_\_\_.
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  - 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.
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  - Penalty assessment is not justified.
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  - 1. Classification of property is incorrect
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- 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**



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

**SECURED**

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD  
LAKEPORT CA

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

*Failure to report LEOP Change in Ownership*

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

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

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



**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) [REDACTED]				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 <i>Matthew J. Riveras</i>	TELEPHONE NUMBER
PRINT NAME Matthew J. Riveras	TITLE Managing Member for Donica, LLC
EMAIL ADDRESS matt@wealthinspirationnetwork.com	DATE Feb. 13, 2024 <i>TRM</i> MAR 4 7, 2024

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**



20/21 RECEIVED

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

**ASSESSMENT APPEAL APPLICATION**

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

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

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

COUNTY OF LAKE  
BOARD OF SUPERVISORS  
ADMINISTRATIVE OFFICE

WJH

APPLICATION NUMBER: Clerk Use Only

06-2024

**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 DAY TIME 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)

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 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
- 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	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 <del>4,380,709</del>	2,098,565	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED  Check only one. See instructions for filing periods

- REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_
- ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT  
\*DATE OF NOTICE: Jan 16, 2024 \*\*ROLL YEAR: 2020 -2021

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

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

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

- A. DECLINE IN VALUE  
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP  
 1. No change in ownership occurred on the date of \_\_\_\_\_.  
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 1. All personal property/fixtures.  
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 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
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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 ( \$ \_\_\_\_\_ per \_\_\_\_\_ )

- Are requested.  Are not requested.

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

- Yes  No

CERTIFICATION

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

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
	Windsor, CA	March 7, 2024

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

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

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



**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



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

**SECURED**

Date: January 16, 2024

SITUS: 818 LAKEPORT BLVD  
LAKEPORT CA

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

*Failure to report LEOP Change in Ownership*

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

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

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



**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 <b>Matthew Eshoo</b>		COMPANY NAME <b>Pacific Alliance Real Estate</b>	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) [REDACTED]			EMAIL ADDRESS [REDACTED]
CITY <b>Rohnert Park</b>	STATE <b>CA</b>	ZIP CODE <b>94928</b>	ALTERNATE TELEPHONE (    )
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER <b>025-472-050-000</b>		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 <i>Matthew J. Riveras</i>	TELEPHONE NUMBER
PRINT NAME <b>Matthew J. Riveras</b>	TITLE <b>Managing Member for Donica, LLC</b>
EMAIL ADDRESS <b>matt@wealthinspirationnetwork.com</b>	DATE <b>Feb. 13, 2024</b> <i>TRM</i> <b>MAR 4 7, 2024</b>

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**



21/22

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

07-2024

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

COMPANY NAME
Pacific Alliance Real Estate

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

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

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 Member

DATE
March 7, 2024

3. PROPERTY IDENTIFICATION INFORMATION

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

Table with 4 columns: 4. VALUE, A. VALUE ON ROLL, B. APPLICANT'S OPINION OF VALUE, C. APPEALS BOARD USE ONLY. Rows include LAND, IMPROVEMENTS/STRUCTURES, FIXTURES, PERSONAL PROPERTY, MINERAL RIGHTS, TREES & VINES, OTHER, TOTAL, and PENALTIES.

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

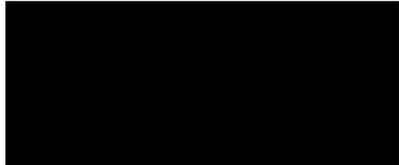


**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



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	<b>1,214,701</b>	<b>4,691,417</b>	<b>3,476,716</b>



**Richard Ford**  
**County Assessor-Recorder**

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

**AGENT AUTHORIZATION**

**FOR ASSESSOR'S OFFICE USE ONLY.**

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AUTHORIZATION OF AGENT     DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. \_\_\_\_\_

The below named person is hereby authorized to act on my/our behalf as a 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			
[REDACTED] OR P. O. BOX		EMAIL ADDRESS			
QTY Rohnert Park	STATE CA	ZIP CODE 94928	DAYTIME TELEPHONE ( )	PERSONAL ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER 025-472-050-000			QUANTITY 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 20 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 <i>Matthew J. Riveras</i>	TELEPHONE NUMBER 707- _____
PRINT NAME Matthew J. Riveras	TITLE Managing Member for Donica, LLC
[REDACTED]	DATE Feb. 13, 2024 <u>MAR 4 7, 2024</u>

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**



22/23 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

WHT

APPLICATION NUMBER: Clerk Use Only  
08-2024

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME 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 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)

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. Rivas 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	1,238,995	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.
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  - 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.
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  - Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION
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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 ( \$ \_\_\_\_\_ 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 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	<b>1,238,995</b>	<b>4,785,245</b>	<b>3,546,250</b>



**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**

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AUTHORIZATION OF AGENT     DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. \_\_\_\_\_

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

AGENT NAME: **Matthew Eshoo**      COMPANY NAME: **Pacific Alliance Real Estate**

PO BOX: [REDACTED]      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: *Matthew J. Riveras*      TELEPHONE NUMBER: \_\_\_\_\_  
PRINT NAME: **Matthew J. Riveras**      TITLE: **Managing Member for Donica, LLC**  
DATE: **Feb. 13, 2024**      *MAR 4 7, 2024*

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**



**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

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 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)

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  
[Signature] 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
- 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	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)			

**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 \_\_\_\_\_ )**

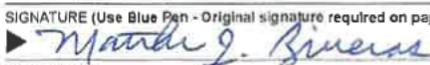
- Are requested.  Are not requested.

**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
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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

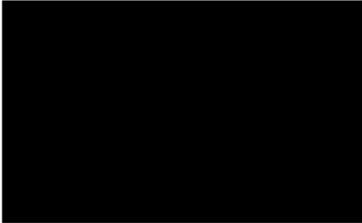


**County of Lake**

*Richard A. Ford, Assessor-Recorder*

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

**NOTICE OF PROPOSED ESCAPED ASSESSMENT**



**RECEIVED**  
JAN 22 2024  
BY: \_\_\_\_\_

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	<u>1,263,774</u>	<u>4,880,949</u>	<u>3,617,175</u>



**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			
[REDACTED]					EMAIL ADDRESS
QTY 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 <i>Matthew J. Riveras</i>	TELEPHONE NUMBER
PRINT NAME Matthew J. Riveras	TITLE Managing Member for Donica, LLC
EMAIL ADDRESS [REDACTED]	DATE Feb. 13, 2024    MAR 4 7, 2024

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

