

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

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

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

\$100 for all other property types

RETURN TO:

COUNTY OF LAKE

CLERK OF THE BOARD

255 N. FORBES STREET

LAKEPORT, CA 95453

RECEIVED

NOV 25 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

39-2014

1. APPLICANT INFORMATION - PLEASE PRINT

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

AITCHISON III LLC

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

2007 BRADHOFF AVE

CITY

SAN LEANDRO

STATE

CA

ZIP CODE

945776118

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)

Wes Nichols

EMAIL ADDRESS

wes@pptaxappeal.com

COMPANY NAME

Paramount Property Tax Appeal

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

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

8895 Towne Centre Dr 105-558

CITY

San Diego

STATE

CA

ZIP CODE

92131

DAYTIME TELEPHONE

(858 225-1200)

ALTERNATE TELEPHONE

FAX TELEPHONE

(866 823-5577)

AUTHORIZATION OF AGENT

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

See Attached

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

044-193-180-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

2520 EASTLAKE DR KELSEYVILLE, CA 954517017

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

\$574,249

\$ 287125.0

IMPROVEMENTS/STRUCTURES

\$1,723,903

\$ 861952.0

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

\$2,298,152

\$ 1149077.0

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: _____

**ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

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

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☒ Explanation (attach sheet if necessary)**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per _____)**☐ Are requested. ☒ Are not requested.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.**☒ Yes ☐ No**CERTIFICATION**

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

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

SIGNED AT (CITY, STATE)

DATE

San Diego, CA

11/18/19

NAME (Please Print)

Wes Nichols

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



2018 & 2019 AGENT AUTHORIZATION TO REPRESENT APPLICANT

COUNTY: Lake

Property Address	Property Owner Of Record
2520 Eastlake Dr	Altchison III Llc
Property APN(s)	
2214-026-021- 044-193-180-000	

This form serves as authorization for Paramount Property Tax Appeal (Agent) to act on my behalf for all matters pertaining to the above mentioned assessor parcel number(s) for property tax assessment appeal applications filed in 2018 & 2019. This action includes authorization to sign, inspect County Assessor's records, enter into stipulations, withdraw this application, and settle issues relating to this application. This authorization includes all parcels and assessments located in the county where the above listed property is situated. Agent has knowledge of the property under consideration and will answer all questions pertinent to the inquiry.

Agent will provide applicant with a copy of the submitted application.

If Paramount Property Tax Appeal lowers the assessed value on the above mentioned property, I/we agree to pay in accordance to the sliding scale exhibit A % on the refund amount/tax savings for the years applied and represented.

See second page for full terms and conditions.

Kathy Weiss

APPLICANT'S SIGNATURE

Controller

TITLE Altchison Family
Properties, LLC

11/8/2018

DATE

Lake

11/18/2019

Appeal: Appeal Name

Account: Account Name

2019 - 044-193-180-000 - A1;l1; - RA;

AITCHISON III LLC

PARAMOUNT PROPERTY TAX ADJUSTMENTS SD LLC
9845 ERMA RD SUITE 311
SAN DIEGO, CA 92131
(858) 225-1200

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com
90-7162/3222

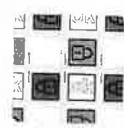
11-21-19

PAY TO THE ORDER OF COUNTY OF LAKE - CLERK OF THE BOARD
THIRTY-FIVE & 00/100

\$ 35⁰⁰/₁₀₀

DOLLAR

MEMO APP FEE



[Signature]
AUTHORIZED SIGNATURE

⑈001474⑈ ⑆322271627⑆

299225539⑈

County Of Lake
Lakeport, California

Receipt No. 1373387

Department: 1012

Date 11/25/19

Received of Paramount Property tax adjustments SD LLC \$ 35
thirty-five dollars

Dollars

Detail of Deposit Assessment Appeal Application Fee

CASH ☐
CHECK ☒ 1474
OTHER ☐

By [Signature]

