

**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 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**

**APPLICATION NUMBER: Clerk Use Only**

04-2019

**1. APPLICANT INFORMATION - PLEASE PRINT**

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

Weston Christopher M Trustee

EMAIL ADDRESS

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

PO Box 185

CITY

Phillipsville

STATE

CA

ZIP CODE

95559

DAYTIME TELEPHONE

(707) 223-2241

ALTERNATE TELEPHONE

FAX TELEPHONE

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

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

EMAIL ADDRESS

COMPANY NAME

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

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

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

ALTERNATE TELEPHONE

FAX TELEPHONE

**AUTHORIZATION OF AGENT**☐ AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

**3. PROPERTY IDENTIFICATION INFORMATION**

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

**ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL**

ASSESSOR'S PARCEL NUMBER

043-701-380-000

ASSESSMENT NUMBER

990-086-695-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

10161 El Capitan Way, Kelseyville CA

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

\$5,000.00

\$1,750.00

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES &amp; VINES

OTHER

TOTAL

PENALTIES (amount or percent)

\$5,000.00

1,750.00

**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: 7/4/2019 ROLL YEAR: 2018-2019☐ 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)

Purchase Price was \$1750.00  
 See Attached sheet with Comparable Sales prices  
 Introduced by HOA staff  
 Seller contacted me first.

**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



Lakeport, CA

7/9/2019

NAME (Please Print)

Chris Weston, Trustee

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



BOE-67-B(P1) Rev. 02 (08-08)

NOTICE OF SUPPLEMENTAL ASSESSMENT

DATE OF NOTICE: 07/04/2019

Parcel Number: 043-701-380-000  
Asmt Num: 990-086-695-000  
Doc Num: 2018R0001199  
Orig Asmt: 043-701-380-000  
Status Address: 10161 EL CAPITAN WY KELSEYVILLE CA  
Comments:

WESTON SR CHRISTPHER MARTIN TRUSTEE

PO BOX 185  
PHILLIPSVILLE CA 95559

Richard A. Ford, Assessor-Recorder  
255 N. Forbes Street, Room 223  
Lakeport, Ca 95453  
(707) 263-2302

County of Lake

Date of Change of Ownership or Completion of New Construction: 02/05/2018  
One or more supplemental assessments have been determined for the property shown above. Supplemental assessments are determined in accordance with the California Constitution, article XIII A, which generally requires a current market value reassessment of real property that has either undergone a change in ownership or is newly constructed.  
As shown below, a supplemental assessment represents the difference between the property's "new base year value" (for example, current market value) and its existing taxable value. If the change in ownership or completion of new construction occurred between January 1 and May 31, two supplemental assessments are issued: one for the difference between the new base year value and the taxable value appearing on the current assessment roll, and another for the difference between the new base year value and the taxable value that will appear on the assessment roll being prepared.  
If a supplemental assessment is a negative amount, the county auditor will make a refund of a portion of the taxes paid on assessments made on the current roll, or the roll being prepared, or both. A copy of the assessment roll is available for inspection by all interested parties during regular office hours.

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe the assessment is incorrect, you have the right to an informal review with the Assessor's staff. You may contact the Assessor's Office for an informal review at (707) 263-2302

| CURRENT ROLL 2017 - 2018 |           | ROLL BEING PREPARED 2018 - 2019 |           |
|--------------------------|-----------|---------------------------------|-----------|
| Existing Value           | New Value | Existing Value                  | New Value |
| Land                     | 6,072     | 6,193                           | 5,000     |
| Improvements             | 0         | 0                               | 0         |
| Growing                  | 0         | 0                               | 0         |
| Fixtures                 | 0         | 0                               | 0         |
| Personal Prop./          | 0         | 0                               | 0         |
| Mobile Home              | 0         | 0                               | 0         |
| Homestead                | 0         | 0                               | 0         |
| TAXABLE VALUE            | 6,072     | 6,193                           | 5,000     |
| Exemptions               | 0         | 0                               | 0         |
| Homeowners               | 0         | 0                               | 0         |
| Other                    | 0         | 0                               | 0         |
| NET TOTAL                | 6,072     | 6,193                           | 5,000     |

County of Lake  
Lakeport, California

Receipt No. 1363847

Department: 1012

Date 7-9-19

Received of

Christopher Weston

\$ 175.00

Dollars

Detail of Deposit

5 x 35<sup>00</sup> = Assessment 4 Appeals APN#

043-681-050, 043-674-080, 043-672-010,

043-472-120, 043-701-380

CASH ☐

CHECK ☒

OTHER ☐

By

W. J. J. J. J.

CHRIS WESTON

PH: (707) 223-2226  
P.O. BOX 185  
PHILLIPSVILLE, CA 95559

2312

DATE July 9, 2019

PAY TO THE  
ORDER OF

County of Lake

\$ 175.00

UMPQUA BANK

1-866-4UMPQUA  
(1-866-486-7782)  
WWW.UMPQUABANK.COM

FOR Assessment Appeals

in Lakeport

1232050544 990346264 2312