

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

RECEIVED

NOV 12 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

RETURN TO:

**COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453**

APPLICATION NUMBER: Clerk Use Only

25-2019

1. APPLICANT INFORMATION - PLEASE PRINT

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

Dunker Shawn Gerald

EMAIL ADDRESS

shawndunker@gmail.com

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

2000 Las Alamos Rd.

CITY

Santa Rosa

STATE

CA

ZIP CODE

95404

DAYTIME TELEPHONE

(307) 267-3702

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

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ALTERNATE TELEPHONE

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FAX TELEPHONE

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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

11-12-19

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

990-488-239-000

ASSESSMENT NUMBER

990-088-239-000

FEE NUMBER

012-047-050-000

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

18365 Little High Valley Rd

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

175,000

28,664.00

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

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 7-13-2018 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

NAME (Please Print)

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

Fidelity National Title Company343 Lakeport Blvd., Lakeport, CA 95453
Phone: (707)263-0127 | FAX: (707)263-0901RETAIN THIS
COPY
FOR YOUR RECORDS**ESTIMATED BUYER'S STATEMENT****Settlement Date:** July 13, 2018
Disbursement Date: July 13, 2018**Escrow Number:** FSNX-3011800251
Escrow Officer: Debi Craig
Email: debi.craig@fnf.com**Buyer:** Shawn Dunker
2000 Los Almos Road
Santa Rosa, CA 95409**Seller:** Eric S. Ybarrondo, Successor Trustee of the Patricia A. Ybarrondo Trust, created under the
Ybarrondo 1993 Living Trust, dated December 28, 1993
18365 Little High Valley Road
Lower Lake, CA 95457**Property:** 18365 Little High Valley Road
Lower Lake, CA 95457
Parcel ID(s): 012-047-080-000

			\$	DEBITS	\$	CREDITS
FINANCIAL CONSIDERATION						
Sale Price of Property				28,000.00		
EMD						500.00
Buyer's funds to close						500.00
PRORATIONS/ADJUSTMENTS						
County Taxes at \$130.67	07/01/18 to 07/13/18	(\$130.67 / 180 X 12 days)				8.71
TITLE & ESCROW CHARGES						
Title - Recording Service Fee	SPL			14.00		
Title - Owner's Title Insurance	Fidelity National Title Company			400.00		
Policies to be issued:						
Owners Policy						
Coverage: \$28,000.00	Premium: \$400.00	Version: CLTA Standard Coverage Policy				
		1990 (04-08-14)				
GOVERNMENT CHARGES						
Recording Fees	Fidelity National Title Company			50.00		
MISCELLANEOUS CHARGES						
Transaction Coordinator	Alicia Adams			200.00		
Subtotals				28,664.00		1,008.71
Balance Due FROM Buyer						27,655.29
TOTALS				28,664.00		28,664.00

I have carefully reviewed the Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements to be made on my account or by me in this transaction. I further certify that I have received a copy of the Settlement Statement.

BUYER:

Shawn Dunker

LAKE COUNTY 2019 - 2020 PROPERTY TAX BILL

Barbara C. Ringen, Treasurer - Tax Collector

255 N. Forbes Street, Room 215 Lakeport, CA 95453 (707) 263-2234

SECURED SUPPLEMENTAL TAX ROLL FOR FISCAL YEAR JULY 1, 2019 - JUNE 30, 2020

PROPERTY INFORMATION - TAX YEAR: 2018

ASMT NUMBER: 990-088-239-000 TAX RATE AREA: 060-070
FEE NUMBER: 012-047-080-000 ACRES: 9.97
LOCATION: 18365 LITTLE HIGH VALLEY RD
ASSESSED OWNER: DUNKER SHAWN

DUNKER SHAWN
2000 LOS ALAMOS ROAD
SANTA ROSA CA 95409

IMPORTANT MESSAGES

Original bill date 09/03/2019
Ownership change on 07/13/2018
Ownership From: 07/13/2018 through 06/30/2019
%S
%S

***** SUPPLEMENTAL TAX BILLS ARE
NOT MAILED TO LENDERS *****

2019-2020

Supplemental Notice Mail Date: 07/17/2019

COUNTY VALUES, EXEMPTIONS AND TAXES

PHONE #S	VALUE DESCRIPTION	PRIOR	CURRENT	THIS BILL
ASSESSOR: (707) 263-2302	LAND	19,056	175,000	155,944
VALUE/EXEMPTION	NET TAXABLE VALUE			155,944
ADDRESS CHANGES				
AUDITOR: (707) 263-2311				
TAX RATES/REFUNDS				
COLLECTOR: (707) 263-2234				
PAYMENT INFORMATION				

VALUES X TAX RATE PER \$100 1.000000 X PRORATION FACTOR 0.92 \$ 1,434.68

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS

PHONE #S	CODE	DESCRIPTION	ASSESSED VALUES	X	TAX RATE PER \$100	=	AGENCY TAXES
(7) 994-6475	03800	KONOCI USD BOND	155,944		.086200		\$94.96
(7) 994-6475	03810	KONOCI USD 2017	155,944		.086080		\$94.80
(530) 741-6970	06000	YUBA COMM COLLEGE SERIES A BOND	155,944		.012856		\$18.44
(530) 741-6970	06100	YUBA COMM COLLEGE SERIES B BOND	155,944		.011126		\$15.96
(530) 741-6970	06300	YUBA COMM COLLEGE SERIES C BOND	155,944		.002355		\$3.36
(530) 741-6970	06400	YUBA COMM COLLEGE SERIES D BOND	155,944		.003604		\$5.16

AGENCY TAXES

\$232.68

County Of Lake
Lakeport, California

Receipt No. 1373377

Department: 1012

Date 10/12/19

Received of Simon Parker

\$ 35.00

10121- Five Address #1102

Dollars

Detail of Deposit Assessment Appeal Application Fee

CASH ☒

CHECK ☐

OTHER ☐

By 1221