

**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**

RECEIVED

NOV 15 2019

COUNTY OF LAKE  
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

26-2019

**1. APPLICANT INFORMATION - PLEASE PRINT**

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

EMAIL ADDRESS

Flores Ramon J &amp; Flores Christine M trustee

chief@flores@sbglobal.net

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

40 West Point BLADE

CITY

SAN MATEO

STATE

CA 94402

DAYTIME TELEPHONE

(650) 888 3469

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

043-141-140-000

ASSESSMENT NUMBER

043-141-140-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

12540 MILLER ROAD, Lower LAKE, 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

797,139

340,000

IMPROVEMENTS/STRUCTURES

747,063

335,000

FIXTURES

0

0

PERSONAL PROPERTY (see instructions)

0

0

MINERAL RIGHTS

0

0

TREES &amp; VINES

0

0

OTHER

0

0

TOTAL

1,544,202

675,000

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)

I purchased the Property on 2/13/19 for the total price of \$675,000. including land &amp; improvements.

**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 MATEO, CA

11/12/19

NAME (Please Print)

RAMON FLORES.

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

CONTINUED EXPLANATION OF "OTHER":

THE PROPERTY HAD BEEN NEGLECTED FOR SEVERAL YEARS AS PREVIOUS OWNERS DID NOT HAVE THE MONEY TO KEEP IT UP OR TO PAY THE TAXES.

THE PROPERTY WAS LISTED MULTIPLE TIMES FOR SALE FOR THE ASSESSED VALUE AND FOR WAY UNDER THE ASSESSED VALUE AND FAILED TO GET ANY OFFERS THAT WERE EVEN CLOSE.

THE BANK REPOSSESSED THE PROPERTY FOR \$850,000 AND PAID THE DELINQUENT TAXES THAT WERE DUE.

THE BANK (BOREL PRIVATE BANK & TRUST CO.) CONSULTED WITH SEVERAL REALTORS AS TO WHAT IT COULD SELL FOR IN THE SHAPE IT WAS IN AND AGREED TO SELL IT TO ME FOR \$675,000, THAT SUM INCLUDED THE LAND AND THE STRUCTURAL IMPROVEMENTS.

I CONSULTED WITH AN ATTORNEY AND HE FELT THAT I SHOULD ONLY HAVE TO PAY TAXES ON THE AMMOUNT THAT I PAID FOR THE HOUSE AS THAT IS THE CURRENT VALUE OF THE PROPERTY.

REGARDS,  
Ramon Flann

County Of Lake  
Lakeport, California

1373380

Receipt No.

Department: 102

Date 11/15/19

Received of Ramon Flores \$ 55- Dollars

thirty-five dollars

Detail of Deposit Assessment Appeal Application Fee

CASH ☐ 1121  
CHECK ☒  
OTHER ☐  
By [Signature]



**COUNTY OF LAKE**  
**CLERK OF THE BOARD OF SUPERVISORS**  
Courthouse - 255 North Forbes Street  
Lakeport, California 95453  
Telephone (707) 263-2368  
Fax (707) 263-2207

26-2019

November 8, 2019

Ramon & Christine Flores  
40 West Point Place  
San Mateo, CA 94402

Subject: Assessment Appeal Application

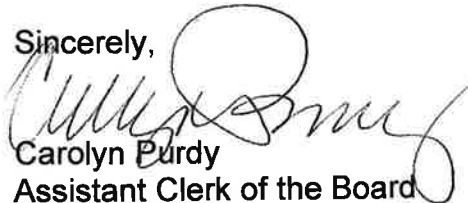
Dear Mr. & Mrs. Flores,

The assessment appeal application for APN #043-141-140-000 is being returned to you for the following reason: The application was received without the processing fee.

An email was sent to you on October 24, 2019 advising you of the amount due and asking for payment by October 31, 2019. The fee was not received and applications submitted without payment will not be processed.

If you have any further questions, please feel free to contact me at 707-263-2368. The deadline for all assessment appeals to be filed for this calendar year is November 30, 2019.

Sincerely,

  
Carolyn Purdy  
Assistant Clerk of the Board

Carolyn Purdy

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**From:** Carolyn Purdy  
**Sent:** Thursday, October 24, 2019 11:27 AM  
**To:** 'chiefflores@sbcglobal.net'  
**Cc:** Johanna Peelen  
**Subject:** assessment appeal application

Mr. and Mrs. Flores,

Thank you for your assessment appeal application for the property located at 12540 Miller Road, Lower Lake, CA. There is a fee required to file the application, which is \$35 for residential property. Please remit a check in the amount of \$35.00, made payable to the County of Lake and noted with your Assessor's Parcel Number 043-141-140-000. I can hold your application for one week pending receipt of your payment.

Regards,

**Carolyn Purdy**  
**Administrative Analyst**  
County of Lake  
255 N. Forbes Street #109  
Lakeport, CA 95453  
707-263-2580