

RECEIVED

JAN 13 2017

APPEAL CASE #

APN	APPEAL #
043-030-17	17-0043A
043-030-32	17-0043B
043-030-33	17-0043C
043-030-34	17-0043D

WASHOE COUNTY ASSESSOR

Washoe County Board of Equalization

NBC	OBGQ
APPR	MAG

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than the date of the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to non-agricultural property. The due date may apply.

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION (Agent's information to be completed in Part H)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: LG Southwest Pavilion LLC					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Matthew Knowles				TITLE Director of Asset Mgmt	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 3500 Maple Avenue, Suite 1600				EMAIL ADDRESS: matthew@leoncapitalgroup.com	
CITY Dallas	STATE TX	ZIP CODE 75219	DAYTIME PHONE () 214.865.8092	ALTERNATE PHONE ()	FAX NUMBER ()

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- Sole Proprietorship
- Trust
- Corporation
- Limited Liability Company (LLC)
- General or Limited Partnership
- Government or Governmental Agency
- Other, please describe: _____

The organization described above was formed under the laws of the State of Texas

The organization described above is a non-profit organization. Yes No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner: Additional information may be necessary.

- Self
- Trustee of Trust
- Employee of Property Owner
- Co-owner, partner, managing member
- Officer of Company
- Employee or Officer of Management Company
- Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
- Other, please describe: _____

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 8195	STREET/ROAD S Virginia St	CITY (IF APPLICABLE) Reno	COUNTY Washoe
Purchase Price: \$ 8,500,000		Purchase date: 04/20/2015	

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) 043-030-34	ACCOUNT NUMBER
--	----------------

3. Does this appeal involve multiple parcels? Yes No List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: 4	Multiple parcel list is attached. <input checked="" type="checkbox"/>
---------------------------------------	---

4. Check Property Use Type:

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input type="checkbox"/> Residential Property	<input checked="" type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

5. Check Year and Roll Type of Assessment being appealed:

<input checked="" type="checkbox"/> 2017-2018 Secured Roll	<input type="checkbox"/> 2016-2017 Reopen Roll	<input type="checkbox"/> 2016-2017 Unsecured Roll	<input type="checkbox"/> 2016-2017 Supplemental Roll
--	--	---	--

Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	2,800,802	2,800,802
Buildings	4,581,437	3,280,198
Personal Property	N/A	N/A
Possessory Interest in real property	N/A	N/A
Exempt Value	N/A	N/A
Total	7,382,239	6,070,000

Part F. TYPE OF APPEAL

Check box which best describes the authority of the County Board to take jurisdiction to hear the appeal.

NRS 361.357: The full cash value of my property is less than the computed taxable value of the property.

NRS 361.358: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.

NRS 361.355: My property is overvalued because other property within the county is undervalued or not assessed, and I have attached the proof showing the owner, location, description and the taxable value of the undervalued property.

NRS 361.155: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.

NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.

NRS 361.769: My property has been assessed as property escaping taxation for this year and/or prior years.

Part G. WRITE A STATEMENT DESCRIBING THE FACTS AND/OR REASONS FOR YOUR APPEAL, REQUEST FOR REVIEW, OR COMPLAINT. (ATTACH A SEPARATE PAGE IF MORE ROOM IS NEEDED).

PLEASE SEE ATTACHED

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H below is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H

Matthew Knowles Director of Asset Mgmt
 Petitioner Signature Title

Matthew Knowles 1/9/17
 Print Name of Signatory Date

Part H. AUTHORIZATION OF AGENT Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the County Board.

I hereby authorize the agent whose name and contact information appears below to file a petition to the County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition. I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Erol Orer		TITLE: Senior Property Tax Consultant			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Kurz Group, Inc.		EMAIL ADDRESS: erol@kurzgroup.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 8333 Douglas Avenue, Suite 1370 LB21					
CITY Dallas	STATE TX	ZIP CODE 75225	DAYTIME PHONE () 214.696.4656	ALTERNATE PHONE ()	FAX NUMBER ()

Authorized Agent must check each applicable statement and sign below.

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board.

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and the limitations contained in the Agent Authorization Form to be separately submitted.

Erol C. Orer Senior Property Tax Consultant
 Authorized Agent Signature Title

Erol C. Orer 1-9-17
 Print Name of Signatory Date

I hereby withdraw my appeal to the County Board of Equalization.

 Signature of Owner or Authorized Agent/Attorney

 Date

MULTIPLE PARCEL LIST - 2017-2018 SECURED ROLL APPEAL

Assessor	State	Account	OwnerName	Address1
Washoe	NV	043-030-17	LG Southwest Pavilion LLC	8195 S Virginia Street
Washoe	NV	043-030-32	LG Southwest Pavilion LLC	8195 S Virginia Street
Washoe	NV	043-030-33	LG Southwest Pavilion LLC	8195 S Virginia Street
Washoe	NV	043-030-34	LG Southwest Pavilion LLC	8195 S Virginia Street

ASSESSOR ATTACHMENT

Parcel/Roll No	043-030-34		
Legal Description	PM 1315 FRAC PAR 4		
Zoning	MUSV		
Present Use	Community Shopping Center	Current Land Use Code	400
Year of Last Reappraisal	2017		
Exempt Reason (List Applicable NRS)			
Owner of record as of 1/13/2017	LG SOUTHWEST PAVILION LLC		

ASSESSORS			
TAXABLE VALUE	2017/2018	ASSESSED VALUE	PREVIOUS ASSESSED VALUE 2016/2017
Land	1,923,741	Land	673,309
Improvements	3,972,249	Improvements	1,390,287
Personal Property		Personal Property	
Total	5,895,990	Total	2,063,597
		Exemption Amt	-
		Exemption Amt	-

RECEIVED

JAN 13 2017

Washoe County Board of Equalization

WASHOE COUNTY ASSESSOR

Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 328-2277

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

Form with fields for NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: LG Southwest Pavilion LLC, NAME OF PERSON GRANTING AUTHORITY TO AGENT: Matthew Knowles, TITLE: Director of Asset Mgmt, MAILING ADDRESS OF PETITIONER: 3500 Maple Avenue, Suite 1600, EMAIL ADDRESS: matthew@leoncapitalgroup.com, CITY: Dallas, STATE: TX, ZIP CODE: 75219, DAYTIME PHONE: () 214.865 8092, ALTERNATE PHONE: (), FAX NUMBER: ()

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if not a natural person: [X] Natural persons may skip Part B.

- [] Sole Proprietorship [] Trust [] Corporation
[X] Limited Liability Company (LLC) [] General or Limited Partnership [] Government or Governmental Agency
[] Other, please describe:

The organization described above was formed under the laws of the State of Texas

The organization described above is a non-profit organization. [] Yes [X] No

Part C. RELATIONSHIP OF PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

Check box which best describes the relationship of Petitioner to Property Owner: [X] Additional information may be necessary.

- [] Self [] Trustee of Trust [X] Employee of Property Owner
[] Co-owner, partner, managing member [] Officer of Company
[] Employee or Officer of Management Company
[] Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
[] Other, please describe:

Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

Table with columns: ASSESSOR'S PARCEL NUMBER (APN) 043-030-34, ACCOUNT NUMBER, PROPERTY IDENTIFICATION NUMBER

[X] Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED: [X]

[X] 2017-2018 Secured Roll [] 2016-2017 Reopen Roll [] 2016-2017 Unsecured Roll [] 2016-2017 Supplemental Roll

Other years being appealed:

Be prepared to cite the legal authority, if any, that permits the County Board to consider appeals of taxable value from prior years.

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Washoe County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Washoe County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Erol Orer			TITLE: Senior Property Tax Consultant			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Kurz Group, Inc.			EMAIL ADDRESS: erol@kurzgroup.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 8333 Douglas Avenue, Suite 1370 LB21						
CITY Dallas	STATE TX	ZIP CODE 75225	DAYTIME PHONE (214) 696-4656	ALTERNATE PHONE ()	FAX NUMBER ()	

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

 SR Property Tax Consultant 1-4-2017
 Authorized Agent Signature Title Date

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:			TITLE:			
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			EMAIL ADDRESS:			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)						
CITY	STATE	ZIP CODE	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()	

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

Authorized Agent Signature Title Date

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.

 Asset Manager 1/9/17
 Property Owner / Petitioner Signature Title Date

For clerk use only

MULTIPLE PARCEL LIST - 2017-2018 SECURED ROLL APPEAL

Assessor	State	Account	OwnerName	Address1
Washoe	NV	043-030-17	LG Southwest Pavilion LLC	8195 S Virginia Street
Washoe	NV	043-030-32	LG Southwest Pavilion LLC	8195 S Virginia Street
Washoe	NV	043-030-33	LG Southwest Pavllion LLC	8195 S Virginia Street
Washoe	NV	043-030-34	LG Southwest Pavilion LLC	8195 S Virginia Street