

**Washoe County Board of Equalization**

OCT 10 2016

**PETITION FOR REVIEW OF TAXABLE VALUATION** WASHOE COUNTY ASSESSOR

Submit this Petition Form no later than 5 p.m. of the date due. **Most types of appeals must be filed no later than January 15<sup>th</sup>.**  
 If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a different due date may apply.

APN 050-442-02  
 NBC EX

Please Print or Type:

**Part A. PROPERTY OWNER/ PETITIONER INFORMATION** (Agent's Information to be completed)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: <b>ASHWORTH, MARK N. &amp; BRENDA T.</b>					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A):				TITLE <b>OWNER</b>	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) <b>3390 LYON LN.</b>				EMAIL ADDRESS:	
CITY <b>WASHOE VALLEY</b>	STATE <b>NV</b>	ZIP CODE <b>89704</b>	DAYTIME PHONE <b>775 849-1050</b>	ALTERNATE PHONE <b>(335) 6767</b>	FAX NUMBER <b>(849) 1050</b>

**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: NATURAL PERSON

The organization described above was formed under the laws of the State of \_\_\_\_\_.

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 <b>3390</b>	STREET/ROAD <b>LYON LANE</b>	CITY (IF APPLICABLE) <b>WASHOE VALLEY</b>	COUNTY <b>WASHOE</b>
Purchase Price: <b>76,292</b>		Purchase date: <b>07-01-1985</b>	

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

ASSESSOR'S PARCEL NUMBER (APN) <b>050-442-02</b>	ACCOUNT NUMBER
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**3. Does this appeal involve multiple parcels?** Yes  No  *List multiple parcels on a separate, letter-sized sheet.*

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
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**4. Check Property Use Type:**

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input checked="" type="checkbox"/> Residential Property	<input 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 type="checkbox"/> 2017-2018 Secured Roll	<input checked="" type="checkbox"/> 2016-2017 Reopen Roll	<input type="checkbox"/> 2016-2017 Unsecured Roll	<input type="checkbox"/> 2016-2017 Supplemental Roll
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**Part E. VALUE OF PROPERTY**

Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	<b>60,000</b>	<b>60,000</b>
Buildings	<b>42,625</b>	<b>42,625</b>
Personal Property		
Possessory Interest in real property		
Exempt Value		
<b>Total</b>	<b>102,625</b>	<b>102,625</b>

**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 361.356: 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).**

*NOTIFICATION OF DECLARATION OVERLOOKED IN MAIL.*

**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

*Mark N. Ashworth*  
Petitioner Signature

*OWNER*  
Title

*MARK N. ASHWORTH*  
Print Name of Signatory

*9-10-16*  
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:			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 ( )

*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.

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Date

<input type="checkbox"/> I hereby withdraw my appeal to the County Board of Equalization.
_____ Signature of Owner or Authorized Agent/Attorney
_____ Date

# ASSESSOR ATTACHMENT

<b>Parcel/Roll No</b>	050-442-02		
<b>Legal Description</b>	WASHOE VALLEY FARMS LOT 6 BLOCK G		
<b>Zoning</b>	LDS		
<b>Present Use</b>	Sgl Fam Res	<b>Current Land Use Code</b>	200
<b>Year of Last Reappraisal</b>	2016		
<b>Exempt Reason (List Applicable NRS)</b>			
<b>Owner of record as of 12/27/2016</b>	ASHWORTH, MARK N & BRENDA J		

<b>ASSESSORS</b>			
<b>TAXABLE VALUE</b>	<b>2016/2017</b>	<b>ASSESSED VALUE</b>	<b>PREVIOUS ASSESSED VALUE 2015/2016</b>
<b>Land</b>	60,000	<b>Land</b>	21,000
<b>Improvements</b>	42,625	<b>Improvements</b>	14,919
<b>Personal Property</b>		<b>Personal Property</b>	
<b>Total</b>	102,625	<b>Total</b>	35,919
		<b>Exemption Amt</b>	-
		<b>Exemption Amt</b>	2,432

**PETITIONER'S  
EVIDENCE**

**EXEMPTION SELECTION FOR TAX YEAR: 2016/2017 (July 1, 2016 - June 30, 2017)**TO APPLY YOUR EXEMPTION TO REAL PROPERTY, THIS CARD MUST BE RETURNED BY **JUNE 15, 2016****RENEW YOUR EXEMPTION ONLINE AT [www.washoecounty.us/assessor/exemptions](http://www.washoecounty.us/assessor/exemptions)**NAME: **ASHWORTH, MARK N**ADDRESS: **3390 LYON LN WASHOE VALLEY NV 89704-9148**EXEMPTION: **VETERAN**ASSESSED VALUE: **2600**

\*Exemption amount adjusted by CPI per NRS 361

**PLEASE SELECT OPTION BOX BELOW INDICATING HOW YOU WOULD LIKE TO APPLY YOUR EXEMPTION:**

- DMV GOVERNMENT SERVICES TAX - YOU CANNOT USE THIS CARD AT THE DMV - Please check the month below, at least one month before your DMV registration is due, that you would like to receive the exemption voucher required when you register your vehicle at the DMV (for registration dates of July 1, 2016 through June 30, 2017)
- June 2016     July 2016     August 2016     September 2016     October 2016  
 November 2016     December 2016     January 2017     February 2017     March 2017

- REAL PROPERTY (Real Estate)    APN OR Address: 050-442-02 3390 LYON LN
- MANUFACTURED/MOBILE HOME    PPID/Identifier OR Address: \_\_\_\_\_
- BUSINESS PERSONAL PROPERTY    Identifier: \_\_\_\_\_
- AIRCRAFT    Identifier: \_\_\_\_\_
- DONATE \_\_\_\_% OF MY VETERAN'S EXEMPTION TO THE VETERAN'S HOME FUND  
(OPTIONAL USE FOR VETERAN EXEMPTION ONLY)

I, the undersigned, hereby declare and affirm that I am a bona fide resident of the State of Nevada and I am still eligible for the above exemption type and have not claimed this exemption in any other county in the State of Nevada.

Signed: Mark N. AshworthDate: 8-15-16

(MUST BE SIGNED by the Exemption Holder to renew exemption)

**PETITIONER'S EVIDENCE A  
3 PAGES**

FROM: ASAWORTH  
3390 LYON LN.  
WASHOE VALLEY NV

RENO NV 895

75 AUG 2015 1PM Z T  
89704



**WASHOE COUNTY ASSESSOR**  
**MICHAEL E. CLARK**  
PO BOX 11130  
RENO NEVADA 89520-0027



## WASHOE COUNTY ASSESSOR

Michael E. Clark

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September 8, 2016

MARK N ASHWORTH  
3390 LYON LN  
WASHOE VALLEY NV 89704

RE: 2016/2017 VETERAN EXEMPTION

Dear Mr. Ashworth:

Our office has received your Veteran exemption renewal requesting to have your 2016/2017 exemption applied to your real property located at 3390 LYON LANE, Assessor Parcel Number (APN) 050-442-02. Your exemption was not applied to this property because the renewal was postmarked after the June 15, 2016 deadline.

You may use your 2016/2017 Veteran exemption at the Nevada Department of Motor Vehicles (DMV) when renewing your vehicle registration, or at the Washoe County Treasurer's office when paying any personal property taxes due for this tax year. Enclosed is an exemption voucher that you may use at the DMV or Washoe County Treasurer's Office when you register your vehicle or pay your personal property taxes.

If you do not agree with this decision, you may file an appeal with the Washoe County Board of Equalization. To file an appeal with the Washoe County Board of Equalization, you may download the appeal form from our website at [https://www.washoecounty.us/assessor/real\\_property/appeal.php](https://www.washoecounty.us/assessor/real_property/appeal.php) or you may contact our office at the phone number below to request the form. Appeals must be filed with our office by **January 15, 2017**.

If you have any questions please call (775) 328-2277.

Sincerely,

MICHAEL E. CLARK  
WASHOE COUNTY ASSESSOR

By: Lora Zimmer  
Principal Account Clerk  
(775) 328-2223