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Washoe County Board of Equalization

APN 055-021-04

JAN 17 2017

NBC IGDH
APPR PJK

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 15th. valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a diffe

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: GATES Family TRUST
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A):
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): P.O. BOX 21510
EMAIL ADDRESS: setagm@gmail.com
CITY: Prerison City STATE: NV ZIP CODE: 89721 DAYTIME PHONE: 775-720-0246

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 [X] 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 NEVADA
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: [X] Additional information may be necessary.
[ ] Self [X] 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: 5215 STREET/ROAD: Franktown Rd. CITY (IF APPLICABLE): COUNTY: Washoe
Purchase Price: \$250,000 Purchase date: 4/23/02

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

ASSESSOR'S PARCEL NUMBER (APN): 055-021-04 ACCOUNT NUMBER:

3. Does this appeal involve multiple parcels? Yes [X] No [ ] List multiple parcels on a separate, letter-sized sheet.
If yes, enter number of parcels: Multiple parcel list is attached. [ ]

4. Check Property Use Type: [X]

[X] Vacant Land [ ] Mobile Home (Not on foundation) [ ] Mining Property
[ ] Residential Property [ ] Commercial Property [ ] Industrial Property
[ ] Multi-Family Residential Property [ ] Agricultural Property [ ] Personal Property
[ ] Possessory Interest in Real or Personal property

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

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

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Buildings, Personal Property, Possessory Interest in real property, Exempt Value, Total.

**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).**

*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

*Clarence Gator*  
Petitioner Signature

*Trustee*  
Title

*1/15/17*  
Date

Print Name of Signatory

**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

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

Signature of Owner or Authorized Agent/Attorney \_\_\_\_\_ Date \_\_\_\_\_

# ASSESSOR ATTACHMENT

17-0059

055-021-04

IGDH

<b>Parcel/Roll No</b>	055-021-04		
<b>Legal Description</b>	FRANKTOWN HILLS 2 LT 2		
<b>Zoning</b>	MDR		
<b>Present Use</b>	0	<b>Current Land Use Code</b>	120
<b>Year of Last Reappraisal</b>	2017		
<b>Exempt Reason (List Applicable NRS)</b>			
<b>Owner of record as of 1/17/2017</b>	GATES FAMILY TRUST		

<b>ASSESSORS</b>			
<b>TAXABLE VALUE</b>	<b>2017/2018</b>	<b>ASSESSED VALUE</b>	<b>PREVIOUS ASSESSED VALUE 2016/2017</b>
<b>Land</b>	125,000	<b>Land</b>	43,750
<b>Improvements</b>	-	<b>Improvements</b>	-
<b>Personal Property</b>		<b>Personal Property</b>	
<b>Total</b>	125,000	<b>Total</b>	43,750
		<b>Exemption Amt</b>	-

January 15, 2017

Michele L. Jachimowicz  
Washoe County Assessor's Office  
Washoe County Board of Equalization  
P.O. Box 11130

Reno, NV 89520

RE: APN 055-021-05, APN 055-021-04 Petition for Review of Taxable Valuation

To Whom It May Concern:

Due to the recent Little Valley fire that occurred on October 14, 2016 it is necessary to request a reduction in the taxable value of our two lots referenced above.

The unnecessary fire caused the complete destruction of our home and the resulting damage to our land is unmeasurable. Any efforts to rehabilitate our land will never be appreciated in our lifetime.

To be able to protect ourselves and anyone near or on our property, it will be necessary to remove approximately 623 hazardous trees. It is estimated that this will take 3 weeks at a cost of \$ 72,000.00.

It will also be necessary to install numerous erosion control measures over the entire 12 acres to prevent damage to our neighbors and county property near or adjoining the subject parcels. This cost has yet to be determined but will certainly surpass the tree removal expense. This endeavor will be ongoing over many years and will be a constant burden to the property owners.

We are requesting that the assessed land values of the two lots be reduced to \$0 until these costs are reimbursed. We realize the County has attempted to compensate us for the loss of our home but further action is needed to address these remaining issues.

Your assistance in this matter will be appreciated.

Sincerely,

Gates Family Trust

A handwritten signature in cursive script that reads "Marvin Gates". The signature is written in black ink and is positioned to the right of the typed name "Marvin Gates, Trustee".

Marvin Gates, Trustee