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JUL 26 2016

Washoe County Board of Equalization

APN
NBC041-541-02
EX

PETITION FOR REVIEW OF TAXABLE VALUATION

WASHOE COUNTY ASSESSOR

Form no later than 5 p.m. of the date due. **Most types of appeals must be filed no later than January 15th.**
 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.

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: <i>Williams Family Trust</i>					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): <i>Virginia N Williams</i>				TITLE <i>Trustee</i>	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) <i>1940 Rolling Brook Ln.</i>				EMAIL ADDRESS:	
CITY <i>Reno</i>	STATE <i>NV</i>	ZIP CODE <i>89519</i>	DAYTIME PHONE <i>722-9161</i>	ALTERNATE PHONE <i>725 826-3733</i>	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 _____.

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	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
Purchase Price:		Purchase date:	

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

ASSESSOR'S PARCEL NUMBER (APN) <i>041-541-02</i>	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 checked="" type="checkbox"/> 2016-2017 Secured Roll	<input type="checkbox"/> 2015-2016 Reopen Roll	<input type="checkbox"/> 2015-2016 Unsecured Roll	<input type="checkbox"/> 2015-2016 Supplemental Roll
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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		
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).*I was out of town seeing physician (doctor) and missed the dead line.***VERIFICATION**

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information herein, 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

► *Virginia N. Williams*
 Petitioner Signature

Owner
 Title

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:			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 herein, 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

17-0002E16

041-541-02
OAVD

Parcel/Roll No	041-541-02		
Legal Description	EVANS CREEK EST 3 LT 18 BLK E		
Zoning	SF9		
Present Use	Sgl Fam Res	Current Land Use Code	200
Year of Last Reappraisal	2016		
Exempt Reason (List Applicable NRS)			
Owner of record as of 12/27/2016	WILLIAMS FAMILY TRUST		

ASSESSORS					
TAXABLE VALUE	2016/2017	ASSESSED VALUE		PREVIOUS ASSESSED VALUE	2015/2016
Land	74,300	Land	26,005	Land	22,190
Improvements	249,590	Improvements	87,356	Improvements	84,026
Personal Property		Personal Property		Personal Property	
Total	323,890	Total	113,362	Total	109,278
		Exemption Amt	-	Exemption Amt	26,880



**OFFICE OF WASHOE COUNTY
ASSESSOR**
MICHAEL E. CLARK

For Assessor's Use Only

NAME: WILLIAMS, VIRGINIA N

APN: 041-541-02

PPID:

Exempt ID: 38638

EXEMPTION SELECTION FORM FOR TAX YEAR 2016/2017

July 26, 2016

WILLIAMS, VIRGINIA N
1940 ROLLING BROOK LN
RENO NV 89519

NAME: WILLIAMS, VIRGINIA N

TYPE: Surv Spouse & SS Dis Vet 100%

ASSESSED VALUE*: 27,300

* Adjusted for CPI per NRS 361

THIS FORM MUST BE RETURNED TO THE ASSESSORS OFFICE BY JUNE 15, 2016

Apply exemption to the following (check only ONE box below)

☒ DMV/Governmental Services Tax - YOU **CANNOT** USE THIS FORM AT THE DMV.
Please write in the month you would like to receive your renewal card OCT
(should be at least one month before your registration renewal date.)

☒ REAL PROPERTY (REAL ESTATE)

☐ MANUFACTURED/MOBILE HOME

APN or PPID: 041-541-02

☐ AIRCRAFT

LOCATION: >

☐ BUSINESS PERSONAL PROPERTY

*split \$250. on PP
= 6250*

I, the undersigned, hereby declare that I am still eligible for the above exemption and have not claimed it in any other county in the State of Nevada.

SIGNED: Virginia N. Williams

DATE: 7-26-16

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

Additional Option for Veterans Only:

I wish to apply _____% of my exemption to the Veteran's Home Fund.

Signed: _____

Date: _____

(Sign for Veterans Home Fund Donation Only)

SEE REVERSE SIDE FOR INSTRUCTIONS

ADMINISTRATION COMPLEX
1001 E. NINTH ST

P.O. BOX 11130
RENO, NEVADA 89520-0027
www.washoecounty.us/assessor

PHONE (775) 328-2277
FAX (775) 328-2240
exemptions@washoecounty.us