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SEP 28 2016

APPEAL CASE # 17-0008E14

## Washoe County Board of Equalization

APN 010-512-38  
NBC EX

## PETITION FOR REVIEW OF TAXABLE VALUATION

WASHOE COUNTY ASSESSOR'S 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.

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: Hammond Family Trust					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Donna M. Hammond				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 330 E Riverview Cir				EMAIL ADDRESS:	
CITY Reno	STATE NV	ZIP CODE 89509	DAYTIME PHONE ( ) 322-3237	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 \_\_\_\_\_.

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 330	STREET/ROAD E. Riverview Cir	CITY (IF APPLICABLE) Reno	COUNTY Washoe
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) 010-512-38	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:	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 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		

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

- 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).**

## Date \_\_\_\_\_

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 ( )

Date \_\_\_\_\_

- Date \_\_\_\_\_

# ASSESSOR ATTACHMENT

17-0008E16

010-512-38

AFJA

Parcel/Roll No	010-512-38		
Legal Description	STONEBROOK ESTATES LT 49		
Zoning	SF9		
Present Use	Sgl Fam Res	Current Land Use Code	210
Year of Last Reappraisal	2016		
Exempt Reason (List Applicable NRS)			
Owner of record as of 12/27/2016	HAMMOND FAMILY TRUST		

ASSESSORS					
TAXABLE VALUE	2016/2017	ASSESSED VALUE		PREVIOUS ASSESSED VALUE	2015/2016
Land	39,300	Land	13,755	Land	11,480
Improvements	113,197	Improvements	39,619	Improvements	34,873
Personal Property		Personal Property		Personal Property	
Total	152,497	Total	53,374	Total	51,591
		Exemption Amt	-	Exemption Amt	12,455

**PETITIONER'S  
EVIDENCE**

PETITIONER'S EVIDENCE  
1 PAGE

DETACH AND RETURN THIS PORTION ONLY

**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: **HAMMOND, DONNA M**

ADDRESS: **330 E RIVERVIEW CIR RENO NV 89509-1118**

EXEMPTION: **SURV SPOUSE & SS DIS VET 60 - 79% ASSESSED VALUE: 14300**

\*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)
- |                                        |                                        |                                       |                                                   |                                       |
|----------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 2016     | <input type="checkbox"/> July 2016     | <input type="checkbox"/> August 2016  | <input type="checkbox"/> September 2016           | <input type="checkbox"/> October 2016 |
| <input type="checkbox"/> November 2016 | <input type="checkbox"/> December 2016 | <input type="checkbox"/> January 2017 | <input checked="" type="checkbox"/> February 2017 | <input type="checkbox"/> March 2017   |

- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> REAL PROPERTY (Real Estate) | APN OR Address: <u>010-512-38 330 E RIVERVIEW CIR</u> |
| <input type="checkbox"/> MANUFACTURED/MOBILE HOME    | PPID/Identifier OR Address: _____                     |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY  | Identifier: _____                                     |
| <input type="checkbox"/> AIRCRAFT                    | Identifier: _____                                     |

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 jurisdiction.

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