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APPEAL CASE #

Washoe County Board of Equalization

APN 027-354-21 HEARING # 23-0003E22A
028-172-05 23-0003E22B
550-073-02 23-0003E22C
550-231-15 23-0003E22D

WASHOE COUNTY ASSESSOR

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 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)

Form with fields: NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: WestCare Nevada, Inc.; NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Sherrie Tillman; TITLE: Regional Accountant; MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): PO Box 94738; CITY: Las Vegas; STATE: NV; ZIP CODE: 89193; DAYTIME PHONE: (702) 321-1382; EMAIL ADDRESS: sherrie.tillman@westcare.com

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.

- Other, please describe: 501(c)(3) Corporation

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: Additional information may be necessary.

- Employee of Property Owner

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

Form with fields: ADDRESS: 1710; STREET/ROAD: Byrd Dr; CITY (IF APPLICABLE): Sparks; COUNTY: Washoe

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

Form with fields: ASSESSOR'S PARCEL NUMBER (APN): 027-354-21; ACCOUNT NUMBER

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

Form with fields: If yes, enter number of parcels: 4; Multiple parcel list is attached.

4. Check Property Use Type:

Form with checkboxes: Residential Property, Multi-Family Residential Property, Vacant Land, Mobile Home (Not on foundation), Commercial Property, Agricultural Property, Mining Property, Industrial Property, Personal Property

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

Form with checkboxes: 2022-2023 Reopen

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.

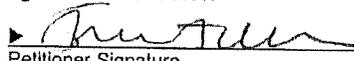
EXEM

- 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).

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


 Petitioner Signature
Sherrie Tillman
 Print Name of Signatory

Regional Accountant
 Title
9/9/2022
 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

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

 Signature of Owner or Authorized Agent/Attorney

 Date

WestCare Nevada, Inc.
Washoe County Property Listing

all properties should be exempt from taxes

APN	Address
027-354-21	1710 Byrd Dr
028-172-05	Shari Way
550-073-02	11585 Claim Stake Dr
550-231-15	Lone Dessert Dr

**PETITIONER'S
EVIDENCE**



September 9, 2022

WestCare Nevada, Inc.

Request to Review: Washoe County Property Tax Exemption Status regarding four WestCare Nevada, Inc. Properties:

APN	Address
027-354-21	1710 Byrd Dr
028-172-05	Shari Way
550-073-02	11585 Claim Stake Dr
550-231-15	Lone Dessert Dr

Filing was due by 6/15/2022, our filing was five business days past this date and we are requesting a review, reinstatement and refund of the property taxes we have paid as a result. We are very apologetic for missing this deadline. Please let me know if I can provide any additional information or answer any questions to help with your review.

Sincerely,

Sherrie Tillman, Regional Accountant WestCare Foundation

Sherrie.Tillman@WestCare.com

702-321-1382