

**ASSESSOR'S  
EVIDENCE**



**WASHOE COUNTY ASSESSOR**  
Chris S. Sarman

Rigo Lopez  
Chief Deputy Assessor

Steve Clement  
Chief Property Appraiser

Lora Zimmer  
Assessment Services Coordinator

**EXEMPTION CHANGE STIPULATION FOR THE BOARD OF EQUALIZATION**

January 10, 2023

ATTN SHERRIE TILLMAN  
WESTCARE NEVADA INC  
PO BOX 94738  
LAS VEGAS NV 89193

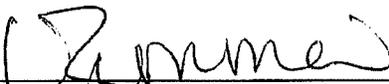
Re: Hearing Numbers: 23-0003E22B  
Assessor Parcel Number (APN): 028-172-05  
Address: 3125 SHARI WAY

Dear WestCare Nevada Inc.:

The Assessment Services Division of the Washoe County Assessor's Office has completed the review of the exemption value of the above property under appeal for the 2022/2023 fiscal year. The Assessor denied the exemption for the 2022/2023 fiscal year due to the application for exemption not being filed by the deadline of June 15, 2022. After careful consideration of the facts involved and under the authority of Nevada Revised Statute (NRS) 361.155, we are recommending that the Washoe County Board of Equalization grant the Qualified Low-Income Housing Project exemption to this property under NRS 361.082. By granting this exemption, the property's 2022/2023 exemption taxable value will be adjusted as follows:

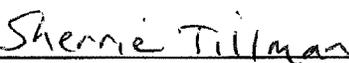
Roll Year: 2022/2023	FROM	TO
Land Taxable Value	\$81,300	\$81,300
Improvement Taxable Value	\$59,780	\$59,780
Exemption (minus)	\$0	(\$141,080)
<b>Total Taxable Value</b>	<b>\$141,080</b>	<b>\$0</b>

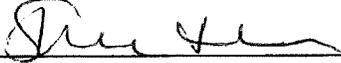
By signing below, Petitioner agrees to the above stipulation. Please return this letter to our office as soon as possible and at least seven (7) days prior to your scheduled hearing date. You may email the form to [LZimmer@washoecounty.gov](mailto:LZimmer@washoecounty.gov), mail it to the address below or fax it to (775)328-3642.

  
\_\_\_\_\_  
Lora Zimmer  
Assessment Services Coordinator

  
\_\_\_\_\_  
Rigo Lopez  
Chief Deputy Assessor

I hereby agree to the value as stipulated above for my appeal to the Board of Equalization:

  
\_\_\_\_\_  
Printed Name of Owner/Authorized Agent

  
\_\_\_\_\_  
Signature of Owner/Authorized Agent

1/12/2023  
Date