

CARMEL J. ANGELO  
Chief Executive Officer  
Clerk of the Board



COUNTY OF MENDOCINO  
BOARD OF SUPERVISORS

CONTACT INFORMATION  
501 Low Gap Road • Room 1010  
Ukiah, California 95482  
TELEPHONE: (707) 463-4441  
FAX: (707) 463-7237  
Email: [cob@co.mendocino.ca.us](mailto:cob@co.mendocino.ca.us)  
Web: [www.co.mendocino.ca.us/bos](http://www.co.mendocino.ca.us/bos)

December 22, 2016

Ramon Jimenez  
P.O. Box 260  
Philo, CA 95466

Re: Assessment Appeal Application Received

Dear Ramon Jimenez:

The Executive Office has received and accepted an Assessment Appeal Application filed relative to your property assessment. Application number 16-065 has been assigned to your application for Assessor's Parcel Number 029-070-1400.

Revenue and Taxation Code §1604 (Local Equalization Tax Rule 309) allows up to two years for an Application for Changed Assessment to be resolved. Notice of the hearing date will be mailed to you at least 45 days prior to the date of your hearing.

If you have any questions or need additional clarification, please do not hesitate to contact our office for assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole French".

Nicole French  
Deputy Clerk of the Board II

C:

**ASSESSMENT APPEAL APPLICATION**

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**



COUNTY OF MENDOCINO  
**ASSESSMENT APPEALS BOARD**  
 501 Low Gap Road • Room 1010  
 Ukiah, California 95482  
 TELEPHONE: (707) 463-4221  
 FAX: (707) 463-7237

2016 NOV 30 PM 5 05

APPLICATION NUMBER: Clerk Use Only 110-065
EMAIL ADDRESS

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
**JIMENEZ RAMON**

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.O. BOX)  
**P.O. Box 260**

CITY **PHILO** STATE **CA** ZIP CODE **95466** DAYTIME TELEPHONE **(707) 272-8817** ALTERNATE TELEPHONE **(707) 875-2645** FAX TELEPHONE ( )

**2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)**

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_

MAILING ADDRESS (STREET ADDRESS OR P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME TELEPHONE ( ) \_\_\_\_\_ ALTERNATE TELEPHONE ( ) \_\_\_\_\_ FAX TELEPHONE ( ) \_\_\_\_\_

<p><b>AUTHORIZATION OF AGENT</b> <input type="checkbox"/> <b>AUTHORIZATION ATTACHED</b></p> <p><i>The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.</i></p> <p><i>The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.</i></p>		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE	TITLE	DATE

**3. PROPERTY IDENTIFICATION INFORMATION**

YES  NO Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

**ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL**

ASSESSOR'S PARCEL NUMBER <b>029 070 1400</b>	ASSESSMENT NUMBER <b>19036</b>	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION **13761 Hwy 128 BOONVILLE CA 95415** DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE  SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX  AGRICULTURAL  POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_  MANUFACTURED HOME  VACANT LAND

COMMERCIAL/INDUSTRIAL  WATER CRAFT  AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES  OTHER: \_\_\_\_\_

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$250,000.00	\$200,000.00	
IMPROVEMENTS/STRUCTURES	\$30,000.00	\$30,000.00	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$280,000.00		
PENALTIES (amount or percent)			

5. TYPE OF ASSESSMENT BEING APPEALED  Check only one. See instructions for filing periods

- REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_
- ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_  
\*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE
  - The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP
  - 1. No change in ownership occurred on the date of \_\_\_\_\_.
  - 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.
- C. NEW CONSTRUCTION
  - 1. No new construction occurred on the date of \_\_\_\_\_.
  - 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.
  - 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT
  - Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
  - 1. All personal property/fixtures.
  - 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT
  - Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION
  - 1. Classification of property is incorrect.
  - 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
  - 1. Amount of escape assessment is incorrect.
  - 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER
  - Explanation (attach sheet if necessary) \_\_\_\_\_

7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )

- Are requested.  Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes  No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California 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 (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE: (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)  
RAMON JIMENEZ BARRAGAN

UKIAH CA.

11/30/2016

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED
- CORPORATE OFFICER OR DESIGNATED EMPLOYEE



**SHARI L. SCHAPMIRE**  
 TREASURER-TAX COLLECTOR  
 501 Low Gap Road, Room #1060  
 Ukiah, CA 95482  
 www.co.mendocino.ca.us/tax

**MENDOCINO COUNTY SECURED TAX STATEMENT**  
**FOR FISCAL YEAR JULY 1, 2016 TO JUNE 30, 2017**  
**2016 - 2017**

**PROPERTY INFORMATION**

ASSESSMENT NUMBER: 19036 TAX RATE AREA: 053-000  
 PARCEL NUMBER: 029-070-1400 ACRES:  
 LOCATION: 13761 HWY 128 BO  
 LIEN DATE OWNER: JIMENEZ RAMON /

**SEE REVERSE FOR IMPORTANT INFORMATION**

Please Bring Entire Bill When Paying in Person.  
 Your Canceled Check Is Your Best Receipt.

013868



See reverse for electronic payment information

JIMENEZ RAMON /  
 PO BOX 260  
 PHILO CA 95466-0260

**TELEPHONE NUMBERS**

Tax Collection (707) 234-6875  
 Address Change (707) 234-6800  
 Exemptions (707) 234-6801  
 Assessed Values (707) 234-6800  
 Tax Rates (707) 234-6872  
 Personal Property (707) 234-6815

**COUNTY VALUES AND EXEMPTIONS**

VALUE DESCRIPTION	VALUE
LAND	250,000
IMPROVEMENTS	30,000
PERSONAL PROPERTY	
HOMEOOWNER'S EXEMPTION	
OTHER EXEMPTION	
<b>NET ASSESSED VALUE</b>	<b>280,000</b>

**VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS**

TELEPHONE NUMBERS	DESCRIPTION	TAX RATE PERCENT	AGENCY TAXES/CHARGES
(707)234-6860	COUNTY WIDE BASE TAX	1.000	2,800.00
(707)468-3068	MENDOCINO COLLEGE BND	.022	61.60
(707)895-3774	ANDERSON VALLEY UNIF	.071	198.80
(707)895-2075	ANDERSON VALLEY CSD	DIRECT CHARGE	108.00

Property tax information available at  
 www.co.mendocino.ca.us/tax

Assessor (707) 234-6875  
 Tax Collector (707) 234-6872  
 Auditor (707) 234-6801  
 Assessor (707) 234-6815  
 Assessor (707) 234-6800  
 Assessor (707) 234-6800  
 Assessed Values

Address Changes  
 Collection of Taxes  
 County Tax Rates  
 Ownership Exemptions  
 Personal Property  
 Assessor

Questions Concerning

**OFFICE USE ONLY**

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

Cash: \$100 X \_\_\_\_\_  
 50 X \_\_\_\_\_  
 20 X \_\_\_\_\_  
 10 X \_\_\_\_\_  
 5 X \_\_\_\_\_  
 1 X \_\_\_\_\_

Total Received \_\_\_\_\_  
 Total Paid \_\_\_\_\_  
 Change \_\_\_\_\_

Taxpayer's Initials \_\_\_\_\_

Taxpayer's Initials \_\_\_\_\_