

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
Web: www.co.mendocino.ca.us/bos

January 3, 2017

John A, Erickson
1663 Camino Pablo
Moraga, Ca 94556

Re: Assessment Appeal Application Received

Dear John A, Erickson:

The Executive Office has received and accepted an Assessment Appeal Application filed relative to your property assessment. Application number 16-043 has been assigned to your application for Assessor's Parcel Number 144-130-3700.

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: Lynne Thorp

CARMEL J. ANGEL
Chief Executive Officer
Clerk of the Board



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BOARD OF SUPERVISORS

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December 21, 2016

Wisegarver & Associates, INC
9909 Huennekens St., Suite 225
San Diego, CA 92121

Re: Assessment Appeal Application Received

Dear Wisegarver & Associates, INC:

The Executive Office has received and accepted an Assessment Appeal Application filed relative to your property assessment. Application number 16-043 has been assigned to your application for Assessor's Parcel Number 144-130-3700.

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

28348 MEN

BOE-305-AH (P1) REV. 08 (01-15)

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

1. APPLICANT INFORMATION - PLEASE PRINT

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

Erickson, John A., Trustee

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

1663 Camino Pablo

CITY Moraga Ca	STATE CA	ZIP CODE 94556	DAYTIME TELEPHONE () () ()	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE () () ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT If applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

WISEGARVER & ASSOCIATES, INC.

COMPANY NAME

WISEGARVER & ASSOCIATES, INC.

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

LYNNE THORP

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

9909 HUENNEKENS STREET SUITE 225

CITY SAN DIEGO	STATE CA	ZIP CODE 92121-2927	DAYTIME TELEPHONE (800) 455-9025	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE (800) 650-2265
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AUTHORIZATION OF AGENT☒ **AUTHORIZATION ATTACHED**

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.

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.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

▶ **SEE ATTACHED****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 144-130-37-00	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION

36570 S Highway 1, Gualala CA 95445

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	\$498,385		
IMPROVEMENTS/STRUCTURES	\$2,499,351		
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$2,997,736	\$2,400,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

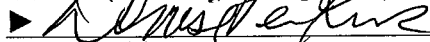
CERTIFICATION

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



SAN DIEGO, CA

11/27/2016

NAME (Please Print)

DENISE PERKINS

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

WISEGARVER & ASSOCIATES

Corporate Office

9900 Havensham Street, Suite 225

San Diego, CA 92121

(609) 275-9999

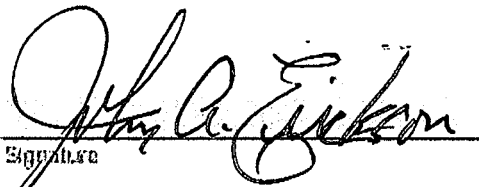
AGENT AUTHORIZATION

County: Mendocino

Property Address: 36570 S Highway 1 APN: 144-130-37-00

Owner: Erickson, John A., Trustee Erickson, Mary Sue

For the above property the undersigned appoints Wisegarver & Associates to act as agent for the filing and execution of an assessment appeal, authorizing them to sign and file the application in the 2016 year, enter into stipulations, review Assessor records, and otherwise settle all issues relating to this application. The undersigned will be provided a copy of such application by Wisegarver & Associates.


Signature

Jan. 14, 2016
Date

Check One:

- ☐ Owner
- ☐ Spouse
- ☐ Partner
- ☐ Member
- ☒ Trustee
- ☐ Corporate officer
- ☐ Authorized employee