

**ASSESSOR'S**

**EVIDENCE**



## WASHOE COUNTY ASSESSOR

Michael E. Clark

Cori Burke  
Chief Deputy Assessor

Rigo Lopez  
Chief Property Appraiser

### Exemption Change Stipulation for the Board of Equalization

January 24, 2017

NORTHERN NV CHILDRENS CANCER FOUNDATION INC  
3550 BARRON WAY UNIT 9A  
RENO NV 89511

Hearing Numbers: 17-0023E16A, 17-0023E16B, 17-0023E16C

Assessors Parcel Numbers: 025-600-08, 025-600-09, 025-600-10

Dear Northern Nv Childrens Cancer Foundation 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. After careful consideration of the facts involved and under the authority of NRS 361.155, we are recommending granting an exemption to this property owner under NRS 361.140 and adjusting their exemption taxable value as listed on page 2.

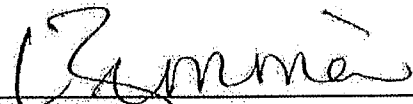
ASSESSOR'S EXHIBIT I  
2 PAGES


**WASHOE COUNTY ASSESSOR**

Michael E. Clark

Roll Year: 2016/2017

APN	Hearing#	Current Taxable				Proposed Taxable				Location
		Land	Improvement	Exemption (minus)	Total	Land	Improvement	Exemption (minus)	Total	
025-600-08	17-0023E16A	18,000	72,000	0	90,000	18,000	72,000	90,000	0	3550 BARRON WAY
025-600-09	17-0023E16B	18,000	72,000	0	90,000	18,000	72,000	90,000	0	3550 BARRON WAY
025-600-10	17-0023E16C	18,000	72,000	0	90,000	18,000	72,000	90,000	0	3550 BARRON WAY
Totals:		54,000	216,000		270,000	54,000	216,000	270,000	0	


  
Lora Zimmer  
Assessment Services Coordinator

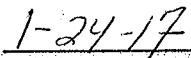
  
Cori Burke  
Chief Deputy Assessor

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

**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

  
Date