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SEP 28 2016

Washoe County Board of Equalization

APN 010-512-38  
NBC EX

PETITION FOR REVIEW OF TAXABLE VALUATION

WASHOE COUNTY ASSESSOR: This Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than January 15<sup>th</sup>.  
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)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Hammond Family Trust					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Donna M. Hammond				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 330 E Riverview Cir				EMAIL ADDRESS:	
CITY Reno	STATE NV	ZIP CODE 89509	DAYTIME PHONE ( ) 322-3237	ALTERNATE PHONE ( )	FAX NUMBER ( )

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.

- Sole Proprietorship
- Trust
- Corporation
- Limited Liability Company (LLC)
- General or Limited Partnership
- Government or Governmental Agency
- Other, please describe: \_\_\_\_\_

The organization described above was formed under the laws of the State of \_\_\_\_\_.  
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.

- Self
- Trustee of Trust
- Employee of Property Owner
- Co-owner, partner, managing member
- Officer of Company
- Employee or Officer of Management Company
- Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
- Other, please describe: \_\_\_\_\_

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 330	STREET/ROAD E. Riverview Cir	CITY (IF APPLICABLE) Reno	COUNTY Washoe
Purchase Price:		Purchase date:	

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

ASSESSOR'S PARCEL NUMBER (APN) 010-512-38	ACCOUNT NUMBER
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3. Does this appeal involve multiple parcels? Yes  No  List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
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4. Check Property Use Type:

- Vacant Land
- Residential Property
- Multi-Family Residential Property
- Possessory Interest in Real or Personal property
- 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:

<input type="checkbox"/> 2017-2018 Secured Roll	<input checked="" type="checkbox"/> 2016-2017 Reopen Roll	<input type="checkbox"/> 2016-2017 Unsecured Roll	<input type="checkbox"/> 2016-2017 Supplemental Roll
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Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.

Property Type	Assessor's Taxable Value	Owner's Opinion of Value
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.*

- 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

Donna M. Hammond  
Petitioner Signature

\_\_\_\_\_  
Title

Donna M. Hammond  
Print Name of Signatory

\_\_\_\_\_  
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

<input type="checkbox"/> I hereby withdraw my appeal to the County Board of Equalization.
_____ Signature of Owner or Authorized Agent/Attorney
_____ Date

# ASSESSOR ATTACHMENT

<b>Parcel/Roll No</b>	010-512-38		
<b>Legal Description</b>	STONEBROOK ESTATES LT 49		
<b>Zoning</b>	SF9		
<b>Present Use</b>	Sgl Fam Res	<b>Current Land Use Code</b>	210
<b>Year of Last Reappraisal</b>	2016		
<b>Exempt Reason (List Applicable NRS)</b>			
<b>Owner of record as of 12/27/2016</b>	HAMMOND FAMILY TRUST		

<b>ASSESSORS</b>			
<b>TAXABLE VALUE</b>	<b>2016/2017</b>	<b>ASSESSED VALUE</b>	<b>PREVIOUS ASSESSED VALUE 2015/2016</b>
<b>Land</b>	39,300	<b>Land</b>	13,755
<b>Improvements</b>	113,197	<b>Improvements</b>	39,619
<b>Personal Property</b>		<b>Personal Property</b>	
<b>Total</b>	152,497	<b>Total</b>	53,374
		<b>Exemption Amt</b>	-
		<b>Exemption Amt</b>	12,455

**PETITIONER'S  
EVIDENCE**

PETITIONER'S EVIDENCE  
1 PAGE

DETACH AND RETURN THIS PORTION ONLY

**EXEMPTION SELECTION FOR TAX YEAR: 2016/2017 (July 1, 2016 - June 30, 2017)**

TO APPLY YOUR EXEMPTION TO REAL PROPERTY, THIS CARD MUST BE RETURNED BY **JUNE 15, 2016**

**RENEW YOUR EXEMPTION ONLINE AT [www.washoecounty.us/assessor/exemptions](http://www.washoecounty.us/assessor/exemptions)**

NAME: **HAMMOND, DONNA M**

ADDRESS: **330 E RIVERVIEW CIR RENO NV 89509-1118**

EXEMPTION: **SURV SPOUSE & SS DIS VET 60 - 79% ASSESSED VALUE: 14300**

\*Exemption amount adjusted by CPI per NRS 361

**PLEASE SELECT OPTION BOX BELOW INDICATING HOW YOU WOULD LIKE TO APPLY YOUR EXEMPTION:**

- DMV GOVERNMENT SERVICES TAX - YOU CANNOT USE THIS CARD AT THE DMV - Please check the month below, at least one month before your DMV registration is due, that you would like to receive the exemption voucher required when you register your vehicle at the DMV (for registration dates of July 1, 2016 through June 30, 2017)
- June 2016     July 2016     August 2016     September 2016     October 2016  
 November 2016     December 2016     January 2017     February 2017     March 2017

- REAL PROPERTY (Real Estate)    APN OR Address: 010-512-38 330 E RIVERVIEW CIR
- MANUFACTURED/MOBILE HOME    PPID/Identifier OR Address: \_\_\_\_\_
- BUSINESS PERSONAL PROPERTY    Identifier: \_\_\_\_\_
- AIRCRAFT    Identifier: \_\_\_\_\_

I, the undersigned, hereby declare and affirm that I am a bona fide resident of the State of Nevada and I am still eligible for the above exemption type and have not claimed this exemption in any other jurisdiction.

*10*