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SEP 27 2016

APPEAL CASE # 17-0005 E16

Washoe County Board of Equalization

APN 234-373-05
NBC EX

WASHOE COUNTY ASSESSOR PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than January 15th.
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: DAVID L. Sayer
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A):
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): 1165 Meridian Ranch Dr.
CITY: Reno STATE: NV ZIP CODE: 89523 DAYTIME PHONE: 975-787-0757
EMAIL ADDRESS: Sayerdavid2@gmail.com

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, STREET/ROAD, CITY (IF APPLICABLE), COUNTY, 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): 234-373-05 ACCOUNT NUMBER

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.

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:

2017-2018 Secured Roll, 2016-2017 Reopen Roll, 2016-2017 Unsecured Roll, 2016-2017 Supplemental Roll

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include 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).

I forgot to mark the (Real Property) Box.

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

David L. Sayer

 Petitioner Signature

DAVID L. SAYER

 Print Name of Signatory

 Title

9/28/2016

 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

I hereby withdraw my appeal to the County Board of Equalization.

 Signature of Owner or Authorized Agent/Attorney

 Date

ASSESSOR ATTACHMENT

Parcel/Roll No	234-373-05		
Legal Description	SIERRA CANYON @ SOMERSETT VG 7 LT 5		
Zoning	PUD		
Present Use	Sgl Fam Res	Current Land Use Code	200
Year of Last Reappraisal	2016		
Exempt Reason (List Applicable NRS)			
Owner of record as of 12/27/2016	SAYER TRUST		

ASSESSORS			
TAXABLE VALUE	2016/2017	ASSESSED VALUE	PREVIOUS ASSESSED VALUE 2015/2016
Land	52,100	Land	18,235
Improvements	176,983	Improvements	61,944
Personal Property		Personal Property	
Total	229,083	Total	80,179
		Exemption Amt	-
		Exemption Amt	11,850

**PETITIONER'S
EVIDENCE**

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

NAME: **SAYER, DAVID L**

ADDRESS: **1165 MERIDIAN RANCH DR RENO NV 89523-3913**

EXEMPTION: **DISABLED VETERAN 100%**

ASSESSED VALUE: **26000**

*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: 23-073-05 1165 MERIDIAN RANCH DR

MANUFACTURED/MOBILE HOME PPID/Identifier OR Address: _____

BUSINESS PERSONAL PROPERTY Identifier: _____

AIRCRAFT Identifier: _____

DONATE ___% OF MY VETERAN'S EXEMPTION TO THE VETERAN'S HOME FUND
(OPTIONAL USE FOR VETERAN EXEMPTION ONLY)

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 county in the State of Nevada.

Signed: David L. Sayer
(MUST BE SIGNED by the Exemption Holder to renew exemption)

Date: 4/4/2016

JS