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APPEAL CASE #

18-0008E17

Washoe County Board of Equalization

APN 161-134-15

NBC EEBC
APPR JCT

PETITION FOR REVIEW OF TAXABLE VALUATION

WASHOE COUNTY ASSESSOR Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than January 15th of the year following the assessment year. If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a residential use, the appeal must be filed no later than the 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: Joseph M & Fonda G Crandall					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A):				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 9534 Steep Climb Ct.				EMAIL ADDRESS:	
CITY Reno	STATE NV	ZIP CODE 89521	DAYTIME PHONE 775-232-0077	ALTERNATE PHONE 775-424-6828	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 9534 Steep Climb Ct	STREET/ROAD	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) 161-134-15	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: ☒

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input checked="" type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

5. Check Year and Roll Type of Assessment being appealed: ☒

<input checked="" type="checkbox"/> 2017-2018 Secured Roll	<input 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

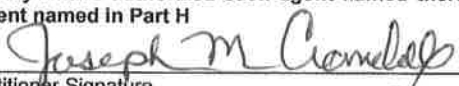

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land		
Buildings		
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total		Veteran Disabled 80% - 99% Effective 12-30-16

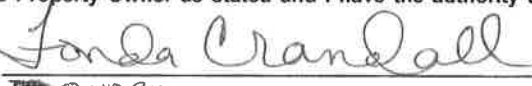
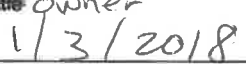
Part F. TYPE OF APPEAL*Check box which best describes the authority of the County Board to take jurisdiction to hear the appeal.*

- ☐ 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


 Petitioner Signature

 Print Name of Signatory


 Owner

 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

January 3, 2018

Washoe County Assessor

Attn: Michael E. Clark

1001 E. Ninth St.

Reno, NV 89520

RE: Appeal for tax year 2016-2017 & 2017-2018

Disabled veteran tax credit

APN# 161-134-15 Joseph M. & Fonda G. Crandall

Dear Mike Clark,

We had a change in Joe's U.S. Navy disability status, which the U.S. Navy approved effective 12-30-2016 (see attached copy showing 80% disability form). But we weren't notified by the U. S. Navy until August 31, 2017. We immediately notified the Washoe County Assessor office on September 1, 2017, since we could not notify the assessor's office any quicker.

We were told our property taxes could not be adjusted but was given a credit to use on our vehicle, this is provided to us just minutes after we had just renewed one of our vehicles. But we did use \$63 credit on 11-13-17 for our other vehicle. Every year we use the veteran benefit on our property taxes and would like the remaining credit recalculated for these past 2 tax years. We are requesting that these unused tax credits be given to us for our 2018-2019 tax year, since we could not control the government's timeframe on handling this matter.

Thank you for your time in promptly handling our request.

Sincerely,

 1/3/2018

Joseph M. Crandall

Date

 1/3/2018

Fonda Crandall

Date

PETITIONER'S EVIDENCE

File Number: [REDACTED]
CRANDALL, JOSEPH M

Your overall or combined rating is:

20%	Aug 1, 1997
40%	Feb 18, 2015
80%	Dec 30, 2016

Note: The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. We do not add the individual percentages of each condition to determine your combined rating. Instead, we use a combined rating table that considers the effect from the most serious to the least serious conditions.

Are You Entitled to Additional Benefits?

Did you know you may be eligible for a VA guaranteed mortgage with no down payment (potentially exempt from a funding fee depending on your rating)? For more information about this benefit, or to determine and print your Loan Guaranty Certificate of Eligibility, please visit the eBenefits website at <http://www.ebenefits.va.gov>.

If you served overseas in support of a combat operation you may be eligible for mental health counseling at no cost to you at the Veteran's Resource Center. For more information on this benefit please visit <https://www.myhealth.va.gov/mhv-portal-web/>.

The VA provides Blind Rehabilitation services to eligible blind, low vision, or visually impaired Veterans to help them regain their independence and quality of life. The Veteran's blindness, low vision, or vision impairment does NOT have to be related or caused by military service. If you need help with your vision loss, please contact your nearest Visual Impairment Services Team Coordinator (VIST) at the eye clinic at your nearest VA Medical Center. For more information, go to www.va.gov/blindrehab/.

You may be eligible for medical care by the VA health care system for any service-connected disability. You may apply for medical care or treatment at the nearest medical facility. If you apply in person, present a copy of this letter to the Patient Registration/Eligibility Section. If you apply by writing a letter, include your VA file number and a copy of this letter.

If you receive care at a VA medical facility, **please call our Health Benefits Call Center at 1-877-222-VETS (8387) or notify your local VA Medical Center** of this change in your compensation benefits. This may reduce or eliminate your co-payments for your VA-provided medical care. You may also be eligible for a refund based on this decision. Information regarding VA health care eligibility and co-payments is available at our website <http://www.va.gov/healtheligibility>.



OFFICE OF WASHOE COUNTY ASSESSOR
MICHAEL E. CLARK

BALANCE FORM FOR TAX YEAR 2017/2018
FOR EXEMPTIONS APPLIED TO MOTOR VEHICLES OR PERSONAL PROPERTY
VALID JULY 1, 2017 THROUGH JUNE 30, 2018

September 1, 2017

CRANDALL, JOSEPH M

9534 STEEP CLIMB CT
RENO NV 89521

CRANDALL, JOSEPH M

EXEMPTION NUMBER:
41798



TYPE: Disabled Veteran 80 - 99%

ASSESSED VALUE*: 17160
* Adjusted for CPI per NRS 361

A PORTION OF YOUR 2017/2018 EXEMPTION HAS BEEN USED.
THE ASSESSED VALUE REPRESENTS THE UNUSED BALANCE OF YOUR EXEMPTION.

Estimated Government Services Tax Savings if used at DMV: 686.40

I, the undersigned, hereby declare that I am still eligible for the above exemption
and have not claimed it in any other county in the State of Nevada.

SIGNED: _____ DATE: _____
MUST BE SIGNED by the Exemption Holder

Additional Option for Veterans Only:
I wish to apply _____% of my exemption to the Veteran's Home Fund.

Signed: _____ Date: _____
(Sign for Veterans Home Fund Donation Only)

SEE REVERSE SIDE FOR INSTRUCTIONS

ITEMS BELOW TO BE FILLED IN BY DMV OR TREASURER'S OFFICE

Vehicle License# VN2657 Amount 63.00 Date 11/13/17

Personal Property # _____ Amount _____ Date _____