

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.**

Non-refundable processing fee to be paid at time of filing.

\$35.00 for residential property up to three (3) units

\$100.00 for all other property types

RETURN TO :
COUNTY OF LAKE
CLERK OF THE BOARD
255 N.FORBES STREET
LAKEPORT, CA. 95453

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

12-2023

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
DaVita, Inc. (as affected party)

EMAIL ADDRESS

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

1102 18th Avenue South

CITY Nashville	STATE TN	ZIP CODE 37212	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)

Bral, Tanner, J.

EMAIL ADDRESS

consultant@dkclax.com

COMPANY NAME

DePasquale, Kelley & Company

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

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

19200 Von Karman Avenue, Suite 1000

CITY Irvine	STATE CA	ZIP CODE 92612	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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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

see attached

TITLE

DATE

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 005-045-440-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION

244 Peckham Ct., Lakeport

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	420,470	210,376	
IMPROVEMENTS/STRUCTURES	4,993,097	2,496,549	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	5,413,567	2,706,919	
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

James R. DePasquale

Irvine, CA

11/15/27

NAME (Please Print)

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

Authorization of Tax Agent

DaVita, Inc. (as affected party) ("Taxpayer") as owner or affected party for the specified property/parcels listed below, hereby appoints DePasquale, Kelley & Company, a California corporation ("Representative") to represent Taxpayer in all matters pertaining to property tax assessments during the calendar year 2023. As required, Representative may file business personal property returns/renditions, file applications for reduced assessments for all tax years affected due to notices of assessed value changes, supplemental tax bills or other assessment changes issued by the referenced county during the aforementioned calendar year. Representative may request documentation from said county, negotiate on behalf of Taxpayer with representatives of the assessor's office, auditor-controller's office, and tax collector's office, and appear before appropriate assessment appeal boards in the referenced county. Representative shall provide a copy of application for reduced assessment to the Taxpayer.

Bonnie Baines

Print Name

Signature

(signed by owner, managing member or authorized employee)

Director of Lease Admin RE Legal

Title

11/2/2023

Date

Property: Lakeport Relo – 00871.101

County: Lake

AIN: 005-045-440-000; PP 800-00-693-000

Situs: 244 Peckham Court

DePasquale, Kelley & Company
19200 Von Karman Avenue, Suite 1000
Irvine, CA 92612
(949) 236-3720 Tel
(949) 861-6318 eFax

Attn: James R. DePasquale, President of Agent
consultant@dkctax.com

DaVita Inc (RE)

Wendy Hoffman

From: Lake County Clerk of the Board
Sent: Monday, November 27, 2023 11:18 AM
To: 'consultant@dkctax.com'
Subject: Assessment Appeal Application - County of Lake

Importance: High

Attn: James R. DePasquale, President of Agent
Re: DaVita, Inc. Assessment Tax Appeal with County of Lake (APN 005-045-440-000)

We are in receipt of the Assessment Appeal Application; however, the fee for a non-residential property is \$100. We will need a new check in this amount, paid to the County of Lake. I can send the original check for \$35 to your attention or shred it – please let me know what you prefer.

The correct check should be sent to:

County of Lake
Clerk of the Board
255 N. Forbes Street
Lakeport, CA 95453

Thank you!



Wendy Hoffman
Sr. Administrative Assistant
Administrative Office
255 N. Forbes St.
Lakeport, CA 95453
Phone: (707) 263-2580
Fax: (707) 263-1012
Email: wendy.hoffman@lakecountyca.gov

DEPASQUALE, KELLEY & COMPANY

A CALIFORNIA CORPORATION

PROPERTY TAX CONSULTANTS

CORPORATE HEADQUARTERS

19200 VON KARMAN AVE, SUITE 1000

IRVINE, CA 92612

TELEPHONE (949) 236-3720

TELECOPIER (949) 236-3710

November 6, 2023

County of Lake
Clerk of the Board
255 North Forbes Street
Lakeport, CA 95453

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
9589 0710 5270 1474 3405 76

**RE: Application for Changed Assessment
Applicant – Davita, Inc. (as affected party)**

Dear Clerk of the Board:

Please find the enclosed Applications for Changed Assessment "Application" and the appropriate signature authorizing DEPASQUALE, KELLEY AND COMPANY to file applications as agent along with this firm's check # 14024, in the amount of \$35.00 to cover the filing fees.

I 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.

DEPASQUALE, KELLEY & COMPANY



James R. DePasquale
President

JRD/se
Enclosures