

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.**

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

Siemens Healthcare Diagnostics Inc

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

PO Box 80615

CITY Indianapolis	STATE IN	ZIP CODE 46280	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)

EMAIL ADDRESS

COMPANY NAME

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

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

PO Box 80615

CITY Indianapolis	STATE IN	ZIP CODE 46280	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

TITLE

Authorized Agent

DATE

8/25/2023

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	ASSESSMENT NUMBER 810-000-687-000	FEE NUMBER 029-041-0260-000
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
5176 Hill Road East

DOING BUSINESS AS (DBA), if appropriate
Siemens Healthcare Diagnostics Inc

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	0	0	
IMPROVEMENTS/STRUCTURES	0	0	
FIXTURES	0	0	
PERSONAL PROPERTY (see instructions)	220,583		
MINERAL RIGHTS	0	0	
TREES & VINES	0	0	
OTHER	0	0	
TOTAL	220,583	164,644	
PENALTIES (amount or percent)	0	0	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

RECEIVED

RETURN TO :

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

OCT 28 2023

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

09-2023

EMAIL ADDRESS

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**

The account value is high than the cost. The cost is only at 211K, please work the timely filed

☒ Explanation (attach sheet if necessary) return**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

Indianapolis, IN

8/25/2023

NAME (Please Print)

Kyle Foster

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



LIMITED POWER OF ATTORNEY FOR STATE AND LOCAL TAX RETURNS

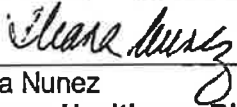
Please be advised that **Siemens Healthcare Diagnostics Inc.** represented by the undersigned, does hereby grant a limited power of attorney to DuCharme, McMillen, and Associates Inc. as its attorney-in-fact for the period beginning December 1, 2022, and will expire on September 30, 2024. In its capacity as our attorney-in-fact, authorized representatives of DuCharme, McMillen, and Associates Inc. shall have full power and authority to undertake and perform the following activities on our behalf:

To prepare, sign, file and manage tax returns, correspondence and communications pertaining to state and local personal property tax returns, bills, and payments.

Our attorney-in-fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with our best interests, as they, in their discretion, deem advisable.

This power-of-attorney may be revoked by us at any time, provided any person relying on this power-of-attorney shall have full right to accept the authority of my attorney-in-fact until in receipt of actual notice or revocation.

Signed this date: 1/27/23


By: Ileana Nunez
For: **Siemens Healthcare Diagnostics Inc.**

I hereby agree to accept the appointment as attorney-in-fact, pursuant to the foregoing power-of-attorney.

JAN 27 2023


By: Bobby Barnes – Vice President of Compliance Operations, NA
For: DuCharme, McMillen, and Associates Inc.

Siemens Corporation
Global Business Services-US
Indirect Tax Department
3850 Quadrangle Boulevard MS AFS-433
Orlando, FL 32817

**BUSINESS PROPERTY
STATEMENT FOR 2023**(Declaration of costs and other related
property information as of 12:01 A.M.,
January 1, 2023)**Lake County Assessors**

255 N Forbes St, Room 223

Lakeport, CA 95453

(707)263-2302 FAX: (707) 263-3703

Web Site: <http://www.co.lake.ca.us/Government/Directory/Assessor-Recorder.htm>**FILE RETURN BY APRIL 1, 2023****NAME AND MAILING ADDRESS**

(Make necessary corrections to the printed name and mailing address)

Siemens Healthcare Diagnostic

Siemens Healthcare Diagnostics, Inc.

P. O. Box 80615

Indianapolis, IN 46280

Acct: 810-000-687-000

LOCATION OF THE BUSINESS PROPERTY**STREET** 5176 HILL RD E**CITY** Lakeport CA 95453RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.
FILE A SEPARATE STATEMENT FOR EACH LOCATION.**PART I: GENERAL INFORMATION****COMPLETE (a) THRU (g)**a. Enter type of business: Manufacturing

b. Enter local telephone number (317) 596-3260 FAX number (866) 231-8580

Email Address mhall@dmninc.comc. Do you own the land at this business location? ☐ Yes ☒ No
If yes, is the name on your deed recorded
as shown on this statement? ☐ Yes ☐ Nod. When did you start business at this location? DATE: _____
If your business name or location has changed from last year, enter the former name
and/or location: _____e. Enter location of general ledger and all related accounting records (include zip code):
P. O. Box 80615, Indianapolis IN 46280f. Enter name and telephone number of authorized person to contact at location of
accounting records: Siemens Healthcare Diagnostic (317) 596-3260 ext. 2561

g. During the period of January 1, 2022 through December 31, 2022:

(1) Did any individual or legal entity (corporation, partnership, limited liability
company, etc.) acquire a "controlling interest" (see instructions for definition)
in this business entity? ☐ Yes ☐ No(2) If YES, did this business entity also own "real property" (see instructions
for definition) in California at the time of the acquisition? ☐ Yes ☐ No(3) If YES to both questions (1) and (2), filer must submit form *BOE-100-B,
Statement of Change in Control and Ownership of Legal Entities*, to the
State Board of Equalization. See instructions for filing requirements.**PART II: DECLARATION OF PROPERTY BELONGING TO YOU**
(attach schedule for any adjustment to cost)**COST**
(omit cents)
(see instructions)**ASSESSOR'S USE ONLY**

1. Supplies	
2. Equipment (From line 35)	
3. Equipment out on lease, rent, or conditional sale to others (Attach Schedule)	211,082
4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land (From line 71)	
5. Construction In Progress (Attach Schedule)	
6. Alternate Schedule A (See instructions)	
7.	
8.	

PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS - IF NONE WRITE "NONE"**(SPECIFY TYPE BY CODE NUMBER)**

Report conditional sales contracts that are not leases on Schedule A

- | | |
|------------------------------------|------------------------------|
| 1. Leased equipment | 4. Vending equipment |
| 2. Lease-purchase option equipment | 5. Other businesses |
| 3. Capitalized leased equipment | 6. Government-owned property |

Tax Obligation: A. Lessor B. Lessee

9. Lessor's name Mailing address	N/A	A	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
10. Lessor's name Mailing address	N/A	B					

OWNERSHIP TYPE (✓)

- Proprietorship ☐
- Partnership ☐
- Corporation ☒
- Other ☐

DECLARATION BY ASSESSEE**Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.**I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying
schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property
required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at
12:01 a.m. on January 1, 2023.

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*

DATE

04/15/2023

**BUSINESS
DESCRIPTION (✓)**

- Retail ☐
- Wholesale ☐
- Manufacturer ☐
- Service/Professional ☐

NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)

Kyle Foster

TITLE

Authorized Agent

NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

Siemens Healthcare Diagnostics, Inc.

FEDERAL EMPLOYER ID NUMBER

95-2802182

PREPARER'S NAME AND ADDRESS (typed or printed)

Michele Hall

TELEPHONE NUMBER

(317) 596-3260

TITLE

Senior Compliance Analyst

*Agent: See page 7 for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT**INFORMATION PROVIDED ON A PROPERTY STATEMENT MAY BE SHARED WITH THE STATE BOARD OF EQUALIZATION**

SCHEDULE A — COST DETAIL: EQUIPMENT (Do not include property reported in Part III.)

Include expensed equipment and fully depreciated items. Include sales or use tax (see instructions for important use tax information), freight and installation costs. Attach schedules as needed. Lines 18, 32, 33, and 45 "Prior" -- Report detail by year(s) of acquisition on a separate schedule.

LINE NO	Calendar Year of Acq.	1. MACHINERY AND EQUIPMENT FOR INDUSTRY, PROFESSION, OR TRADE (do not include licensed vehicles)				2. OFFICE FURNITURE AND EQUIPMENT		3. OTHER EQUIPMENT (describe)		Calendar Year of Acq.	4. TOOLS, MOLDS, DIES, JIGS	
		COST	ASSESSOR'S USE ONLY			COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY
11	2022									2022		
12	2021									2021		
13	2020									2020		
14	2019									2019		
15	2018									2018		
16	2017									2017		
17	2016									2016		
18	2015									Prior		
19	2014									Total		
20	2013									Calendar Year of Acq.	5a. PERSONAL COMPUTERS	
21	2012										COST	ASSESSOR'S USE ONLY
22	2011											
23	2010									2022		
24	2009									2021		
25	2008									2020		
26	2007									2019		
27	2006									2018		
28	2005									2017		
29	2004									2016		
30	2003									2015		
31	2002									2014		
32	2001									Prior		
33	Prior									Total		
34	Total									Calendar Year of Acq.	5b. LOCAL AREA NETWORK (LAN) EQUIPMENT AND MAINFRAMES	
35	Add TOTALS on lines 19, 33, 34, 46 and any additional schedules. ENTER HERE AND ON PART II, LINE 2										COST	ASSESSOR'S USE ONLY
36	ASSESSOR'S USE ONLY									2022		
37	CLASSIFICATION	COL	FULL VALUE BASE	FULL VALUE	PERS. PROP. RCLND	PERS. PROP. ADJUSTMENT	PERS. PROP. FULL VALUE		2021			
38	Machinery & equipment	1							2020			
39	Office furniture & equipment	2							2019			
40	Tools, molds, dies & jigs	4							2018			
41	Personal Computers	5a							2017			
42	LAN and Mainframe	5b							2016			
43									2015			
44	Other equipment	3							2014			
45	Schedule B -- Fixtures	--							Prior			
46	TOTALS								Total			

SCHEDULE B — COST DETAIL: BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS, LAND IMPROVEMENTS, LAND AND LAND DEVELOPMENT

Attach schedules as needed. Line 69 "Prior" -- Report detail by year(s) of acquisition on a separate schedule.

LINE NO	Calendar Year of Acq.	BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS				3. LAND IMPROVEMENTS (e.g., blacktop, curbs, fences)		4. LAND AND LAND DEVELOPMENT (e.g., fill, grading)	
		1. STRUCTURE ITEMS ONLY (see instructions)		2. FIXTURES ONLY (see instructions)		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY
		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY				
47	2022								
48	2021								
49	2020								
50	2019								
51	2018								
52	2017								
53	2016								
54	2015								
55	2014								
56	2013								
57	2012								
58	2011								
59	2010								
60	2009								
61	2008								
62	2007								
63	2006								
64	2005								
65	2004								
66	2003								
67	2002								
68	2001								
69	Prior								
70	Total								
71	Add TOTALS on line 70 and any additional schedules. ENTER HERE AND ON PART II, LINE 4								
72	Have you received allowances for tenant improvements for the current reporting period that are not reported above? ☐ Yes ☐ No If yes indicate amount \$ _____								

REMARKS:

A-06-033-00000

OWNER NAME	Siemens Healthcare Diagnostic *	COMPANY NAME	Siemens Healthcare Diagnostics, Inc.
MAILING ADDRESS	P. O. Box 80615 Indianapolis, IN 46280		
LOCATION OF PROPERTY	SUTTER LAKESIDE HOSPITAL 5176 HILL RD E Lakeport, CA 95453		

Report all acquisitions and disposals reported in Columns 1, 2, 3, or 4 on Schedule B for the period January 1, 2022 through December 31, 2022. Indicate the applicable column number in the space provided.

ADDITIONS -- Describe and enter the total acquisition cost(s), including excise, sales, and use taxes, freight-in, and installation charges, by month of acquisition; transfers-in should also be included. The former property address and date of transfer should be reported, as well as **original** date and cost(s) of acquisition.

Only completed projects should be reported here (e.g., the date the property becomes functional and/or operational, otherwise it should be reported as construction-in-progress).

Identify completed construction that was reported as construction-in-progress on your 2022 property statement. Describe the item(s) and cost(s), as previously reported, on a separate schedule and attach to BOE-571-D.

DISPOSALS -- Information on this property should include the disposal date, method of disposal (transfer, scrapped, abandoned, sold, etc.) and names and addresses of purchasers when items are either sold or transferred.

[illegible]

Siemens Healthcare Diagnostics, Inc.-Lake County Assessors (Assr Acct 810-000-687-000)

BUSINESS PROPERTY STATEMENT
Tax Year 2023

Lake County Assessors

Part II - Equipment Out on Lease or Rent to Others
Tax is the Responsibility of the Lessor

Description Asset # / Lease # / Lease Type	Date Acquired	Cost	Annual Rent	Lease Start Date	Lease Term (months)
Lessee Name & Address: *** Site Name & Address: CALAKE5176, SUTTER LAKESIDE HOSPITAL, 5176 HILL RD E, , Lakeport, CA 95453					
PHASE 1 DIMN LI/RMS SEISMIC ANCHOR / Other Equipment / 400034228_10459241_590 /	03/02/2020	2,953.60	0.00		0
PHASE 1 DIMN LI/RMS SEISMIC ANCHOR / Other Equipment / 400034228_10459241_580 /	03/02/2020	2,953.60	0.00		0
DIMN EXL WITH LM / Other Equipment / Medical Equipment 400034228_10486890_70 /	03/02/2020	114,508.73	0.00		0
DIMENSION EXL 200 / Other Equipment / Medical Equipment 400034228_10636929_320 /	03/02/2020	90,666.01	0.00		0

Total 211,081.94

Grand Total 211,081.94

Declaration of Property Leased to Others
Sorted By: State Class, Acquisition Date, Lessee Name

Lake County Assessors - 810-000-687-000

State Class	Acquisition Date	Asset Number	Description	Reported Cost	Assessed Value
Site Name	Site Address 1	Site City	Site County		

Tax Obligation of Taxpayer - Personal Property

Other Equipment	03/02/2020	400034228_10459241_590	PHASE 1 DIMN LI/RMS SEISMIC ANK	2,953.60	2,304.00
SUTTER LAKESIDE HOSPITAL	5176 HILL RD E	Lakeport	Lake		
Other Equipment	03/02/2020	400034228_10459241_580	PHASE 1 DIMN LI/RMS SEISMIC ANK	2,953.60	2,304.00
SUTTER LAKESIDE HOSPITAL	5176 HILL RD E	Lakeport	Lake		
Other Equipment	03/02/2020	400034228_10486890_70	DIMN EXL WITH LM	114,508.73	89,317.00
SUTTER LAKESIDE HOSPITAL	5176 HILL RD E	Lakeport	Lake		
Other Equipment	03/02/2020	400034228_10636929_320	DIMENSION EXL 200	90,666.01	70,719.00
SUTTER LAKESIDE HOSPITAL	5176 HILL RD E	Lakeport	Lake		
State Class: Other Equipment				211,081.94	164,644.00
				# of assets:	4

Totals:

211,081.94	164,644.00
# of assets:	4

Grand Totals:

211,081.94	164,644.00
# of assets:	4

Summary by State Class and Age
Declaration of Property Leased to Others

Lake County Assessors - 810-000-687-000

Assessment Date: 01/01/2023

Tax Obligation of Taxpayer - Personal Property

State Class	Age	Reported Cost	Current Value	Rendered Value	Assessor's Use
Other Equipment	3	211,081.94	164,643.92	164,644.00	
		211,081.94	164,643.92	164,644.00	
		211,081.94	164,643.92	164,644.00	
Total					

Asst Acct #: 810-000-687-000

Taxpayer's Address:
Siemens Healthcare Diagnostics, Inc.
P. O. Box 80615
Indianapolis, IN 46280

Lake County Assessors - 810-000-687-000

Site	Primary Parcel Primary Assessor Account	Address
CA - CALAKE5176 SUTTER LAKESIDE HOSPITAL	N/A 810-000-687-000 (P)	Lake County 5176 HILL RD E Lakeport, CA 95453



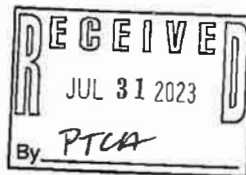
LAKE COUNTY 2023 - 2024 PROPERTY TAX BILL
 Patrick M. Sullivan, Treasurer - Tax Collector
 255 N Forbes Street, Room 215 Lakeport, CA 95453

UNSECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2023 THROUGH JUNE 30, 2024

PROPERTY INFORMATION - TAX YEAR: 2023	IMPORTANT MESSAGES
ASMT NUMBER: 810-000-687-000 TAX RATE AREA: 057-036 FEE PARCEL NUMBER: 029-041-260-000 LOCATION: 5176 HILL ROAD EAST ASSESSED OWNER: SIEMENS HEALTHCARE DIAGNOSTIC	Original bill date 07/13/2023 Values include 10% penalty 5176 HILL ROAD EAST EPAY http://tax.lakecountyca.gov or (866) 506-8035 Please see reverse side for additional information
1A-06588 UA SIEMENS HEALTHCARE DIAGNOSTIC C/O PT COMPLIANCE SERVICES DBA SIEMENS HEALTHCARE DIAGNOSTICS INC PO BOX 80615 INDIANAPOLIS IN 46280	 2023 - 2024

COUNTY VALUES, EXEMPTIONS AND TAXES			
PHONE #S	VALUE DESCRIPTION	ASSESSED VALUES X TAX RATE / 100 = COUNTY TAX	
ASSESSOR (707) 263-2302 VALUES / EXEMPTIONS ADDRESS CHANGES AUDITOR (707) 263-2311 TAX RATES / REFUNDS COLLECTOR (707) 263-2234 PAYMENT INFORMATION	PERSONAL PROPERTY	220,583	
NET TAXABLE VALUE		220,583	1.000000 2,205.83

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS					
PHONE #S	CODE	DESCRIPTION	ASSESSED VALUES	X TAX RATE / 100	= AGENCY TAX
(707) 262-3000	05500	LAKEPORT UNIFIED SCHOOL BONDS	220,583	0.050910	112.29
(707) 262-3000	05510	LAKEPORT UNIFIED SCHOOL BONDS 2014	220,583	0.047530	104.84
(707) 468-3067	06200	MENDOCINO COMM COLLEGE BOND	220,583	0.023000	50.73



SC: CALAKE 5176
 RV: 164,444
 V: 3406

DUE BY AND DELINQUENT AFTER 08/31/2023	TOTAL TAXES \$2,473.69
IMPORTANT INFORMATION REGARDING THIS UNSECURED TAX BILL	

THE LIEN DATE OWNER (ASSEESSEE AT 12:01 AM ON JANUARY 1) IS RESPONSIBLE FOR PAYMENT OF THIS TAX BILL. THE SALE OR DISPOSAL OF PROPERTY DOES NOT RELIEVE THE ASSESSEE OF THE OBLIGATION TO PAY TAXES.

IF THE TAXES REMAIN UNPAID AT 5:00 PM ON THE DUE DATE, A 10% PENALTY ATTACHES. IF THE TAXES REMAIN UNPAID TWO MONTHS AFTER THE DUE DATE, AN ADDITIONAL 1.5% PENALTY ATTACHES ON THE FIRST OF EACH MONTH UNTIL THE TAXES ARE PAID IN FULL.

TO ENFORCE PAYMENT, THE LAW ALLOWS THE TAX COLLECTOR TO PURSUE COLLECTION ENFORCEMENT ACTIVITIES. THIS MAY INCLUDE THE FILING OF A CERTIFICATE OF LIEN OR THE SEIZURE AND SALE OF PERSONAL PROPERTY, IMPROVEMENTS OR POSSESSORY INTEREST OF THE ASSESSEE.

LAKE COUNTY UNSECURED PROPERTY TAXES - PAYMENT STUB	
ASMT NUMBER: 810-000-687-000 FEE PARCEL NUMBER: 029-041-260-000 LOCATION: 5176 HILL ROAD EAST CURRENT OWNER: SIEMENS HEALTHCARE DIAGNOSTIC C/O PT COMPLIANCE SERVICES DBA SIEMENS HEALTHCARE DIAGNOSTICS INC PO BOX 80615 INDIANAPOLIS IN 46280	MAKE CHECK PAYABLE TO: Lake County Tax Collector 255 N Forbes Street, Room 215 Lakeport, CA 95453
	2023 - 2024 IF PAID BY 08/31/2023 \$2,473.69

DELINQUENT AFTER 08/31/2023 (INCLUDES 10% PENALTY OF 247.36) 2,721.05

810000687000020230000002473692100000272105820230

paid under protest