

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.

MADERA COUNTY

NOV 22 2024

BOARD OF SUPERVISORS

Madera County Assessment Appeals Board
 Attn: Clerk of the Board of Supervisors
 200 W. 4th Street, 4th Floor
 Madera, CA 93637
 Office: (559) 675-7700 www.maderacounty.com

A \$200.00 Hearing Fee (per Application) must be submitted at the time of filing. See attached "Information and Instructions for Assessment Appeal Application" for more information.

APPLICATION NUMBER: Clerk Use Only

24R005

EMAIL ADDRESS

1. APPLICANT INFORMATION - PLEASE PRINT

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

HPC HALLMARK INVESTORS

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

18321 Ventura Boulevard #980

CITY Taizana	STATE CA	ZIP CODE 91356	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)

Becker, Chelley

EMAIL ADDRESS

chelley.becker@ptaxresources.com

COMPANY NAME

Property Tax Resources LLC

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

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

PO Box 130639

CITY Carlsbad	STATE CA	ZIP CODE 92013	DAYTIME TELEPHONE (760) 431-3801	ALTERNATE TELEPHONE (760) 431-3809	FAX TELEPHONE (760) 683-6985
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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

Please 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 006-390-016-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
Madera, CA 93637-8710

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND |
| <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> WATER CRAFT | <input type="checkbox"/> AIRCRAFT |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES | <input type="checkbox"/> OTHER: _____ | |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	2,609,421	1,305,000	
IMPROVEMENTS/STRUCTURES	9,709,884	4,855,000	
FIXTURES	472	200	
PERSONAL PROPERTY (see instructions)	9,094	4,500	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	12,328,871	6,164,700	
PENALTIES (amount or percent)			

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 (\$500.00 deposit plus actual costs per Application. See attached Information and Instructions.)

- 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


NAME (Please Print)

Carlsbad, CA

NOV 08 2024

Chelley Becker - Property Tax Resources LLC

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

County Use Only	County Use Only – Hearing Fee	County Use Only – Written Findings of Facts Deposit
Received by: <input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Certified Mail	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #
Hearing Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Check # 2578	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 630945 Dated: 01/27/25	Receipt No: Dated:

MADERA COUNTY 2024 - 2025 PROPERTY TAX BILL
TRACY KENNEDY TREASURER-TAX COLLECTOR
200 W. 4TH ST. 2ND FLOOR, MADERA CA 93637, PHONE 559-675-7713
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

PROPERTY INFORMATION				IMPORTANT MESSAGES	
ASMT NUMBER:	006-390-016-000	TAX RATE AREA:	002038	Original bill date 09/04/2024	
ORIG ASMT:	006-390-016-000	ACRES:	7.93	Values include 10% penalty	
FEE NUMBER:	006-390-016-000	Corfac Number: 5211			
LOCATION:	SEC 14 T11S R17E #91-P-07 38/87-4				

18321 VENTURA BLVD STE 980
TARZANA CA 91356

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710	LAND	0	2609421	2609421
(Fixed Improvements) 559-675-	FIXED IMPROVEMENTS	0	472	472
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	9709884	9709884
(Personal property) 559-675-7	PERSONAL PROPERTY	0	9094	9094
(MH PP) 559-675-7710		0	0	0
(Exemptions) 559-675-7710		0	0	0
NET TAXABLE VALUE				12328871
VALUES X TAX RATE PER \$100 1.000000				\$123,288.70

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES								
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	=	TAX AMOUNT	
	14910	MADERA UNIFIED 2005	12328871		0.029142		\$3,592.66	
	14911	MADERA UNIFIED 2006	12328871		0.004076		\$502.52	
	14912	MADERA UNIFIED 2007	12328871		0.027058		\$3,335.94	
	14916	MADERA UNIFIED 2016	12328871		0.001696		\$209.08	
	14917	MADERA UNIFIED 2017	12328871		0.033178		\$4,090.46	
	14918	MADERA UNIFIED 2019	12328871		0.013422		\$1,654.78	
	14919	MADERA UNIFIED 2020	12328871		0.012547		\$1,546.90	
	14920	MADERA UNIFIED 2022	12328871		0.012333		\$1,520.50	
PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(559) 661-5418	03 MADERA LANDSCAPE	\$1,142.34	(559) 673-3514	Madera Irrigation Dist	\$699.82			

AGENCY TAXES	\$21,671.64
DIRECT CHARGES	\$1,842.16
FEES	\$0.00
PENALTY & COST	\$0.00
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES	\$23,513.80

1st INSTALLMENT \$73,401.25	2nd INSTALLMENT \$73,401.25	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$146,802.50

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 006-390-016-000 TAX YEAR: 2024
ORIG ASMT: 006-390-016-000
FEE NUMBER: 006-390-016-000
LOCATION: SEC 14 T11S R17E #91-P-07 38/87-4

MAKE CHECK PAYABLE TO:
Madera County Tax Collector
200 W. 4th St. 2nd Floor
Madera, CA 93637

18321 VENTURA BLVD STE 980
TARZANA CA 91356

IF PAID BY 04/10/2025 \$73,401.25

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$7340.12 AND \$30.00 COST) \$80771.37

006390016000120248000073401253200008077137620248

- CUT HERE -

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 006-390-016-000 TAX YEAR: 2024
ORIG ASMT: 006-390-016-000
FEE NUMBER: 006-390-016-000
LOCATION: SEC 14 T11S R17E #91-P-07 38/87-4

MAKE CHECK PAYABLE TO:
Madera County Tax Collector
200 W. 4th St. 2nd Floor
Madera, CA 93637

18321 VENTURA BLVD STE 980
TARZANA CA 91356

IF PAID BY 12/10/2024 \$73,401.25

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$7340.12 AND \$0.00 COST) \$80741.37
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 11/01/2024 \$146802.50

006390016000120248000073401253100008074137320248

**COUNTY OF MADERA, STATE OF CALIFORNIA
AGENT AUTHORIZATION**

TAXPAYER: HPC HALLMARK INVESTORS

AGENT: Property Tax Resources LLC
P.O. Box 130639
Carlsbad, CA 92013-0639
Tel: (760) 431-3809
Fax: (760) 683-6985

SPECIFIC AGENTS:

April Cochran	Darian Royse	Joshua Soroka	Nikki Graffam
Chase Browning	David Murphy	Marissa Lamonte	Shawn Venstrom
Chelley Becker	Jeff Lee	Marvette Emmons	Timothy Threadgill
Chelsea Adams	Jennifer Carruth	Nancy Benbow	Wayne Rose

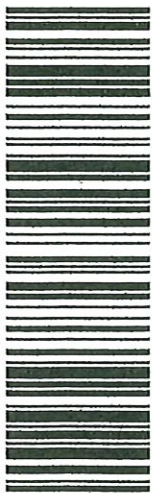
PROPERTIES: Hallmark Town Center
006-390-014
006-390-016

I hereby appoint Property Tax Resources LLC., its employees, and the above-named persons to act as Agents in assessment, appeals and/or other tax matters for those Properties owned or controlled by the undersigned. Agents have full authority to handle all matters with the Offices of the Assessor, Auditor, Controller, Treasurer, Tax Collector, and Assessment Appeals Board of the above-named County. The Agents shall have access to all information and materials that would be available to the principal. The Agents are expressly authorized to sign and file applications for changed assessment during the 2024 and 2025 calendar year, withdraw any outstanding applications, enter into stipulated agreements as to value, settle any legal issues, and represent Taxpayer before the Assessment Appeals Board. The Agents may sign Property Statements as provided under California Revenue and Taxation Code, §441. The Taxpayer accepts full responsibility for any action of the Agents carried out pursuant to the authority granted herein. The Agents will provide Taxpayer with a copy of all applications for changed assessment. This agency is subject to the terms and conditions of the contract between Taxpayer and Agents and is for:

_____ The specific parcels and/or assessment numbers referenced above.
 _____ All parcels and/or assessment numbers referenced above.

HPC HALLMARK INVESTORS
18321 Ventura Boulevard #980
Tarzana, CA 91356

Signature: _____
Printed name: Jeffrey Seltzer
Title: Manager
Date: 11/05/2024



9589 0710 5270 1746 9805 47

Retail



RDC 99



93637

U.S. POSTAGE PAID
FCM LG ENV
TEMECULA, CA 92591
NOV 20, 2024

\$10.99

S2324H504851-27

Madera County Assessment Appeals
Attn: Clerk of the Board of Supervisors
200 W. 4th Street, 4th Floor
Madera, CA 93637

RECEIVED
NOV 22 2024
MADERA COUNTY
BOARD OF SUPERVISORS

