

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 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

RECEIVED
NOV 25 2024
MADERA COUNTY
BOARD OF SUPERVISORS

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
24R008

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
GAHC4 Madera CA SH LLC
EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
18191 Von Karman Ave

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

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
Jared Goodrich
EMAIL ADDRESS
PTSConsulting@ryan.com

COMPANY NAME
Ryan, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
P.O. Box 4549

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE
Carlsbad CA 92018 (619) 574-2509

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 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 ASSESSMENT NUMBER FEE NUMBER
009-300-010-000
ACCOUNT NUMBER TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate
500 N Westberry Blvd, Madera

PROPERTY TYPE
SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
MULTI-FAMILY/APARTMENTS: NO. OF UNITS
COMMERCIAL/INDUSTRIAL
BUSINESS PERSONAL PROPERTY/FIXTURES
AGRICULTURAL
MANUFACTURED HOME
WATER CRAFT
OTHER:
POSSESSORY INTEREST
VACANT LAND
AIRCRAFT

Table with 4 columns: 4. VALUE, A. VALUE ON ROLL, B. APPLICANT'S OPINION OF VALUE, C. APPEALS BOARD USE ONLY. Rows include LAND, IMPROVEMENTS/STRUCTURES, FIXTURES, PERSONAL PROPERTY, MINERAL RIGHTS, TREES & VINES, OTHER, TOTAL, and PENALTIES.

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

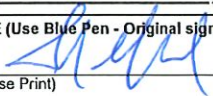
- Are requested. Are not requested.

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) San Diego, CA	DATE 11-20-24
NAME (Please Print) Jared Goodrich		

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 # 70324	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 630948 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:	009-300-010-000	TAX RATE AREA: 002000
ORIG ASMT:	009-300-010-000	ACRES: 4.92
FEE NUMBER:	009-300-010-000	
LOCATION:	500 N WESTBERRY BLVD #BLDG A	

Original bill date 09/04/2024

500 N WESTBERRY
MADERA CA 93637

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710	LAND	0	514656	514656
(Fixed Improvements) 559-675-	FIXED IMPROVEMENTS	0	46000	46000
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	13399737	13399737
(Personal property) 559-675-7	PERSONAL PROPERTY	0	250070	250070
(MHPP) 559-675-7710		0	0	0
(Exemptions) 559-675-7710		0	0	0
		0	0	0
NET TAXABLE VALUE				14210463
VALUES X TAX RATE PER \$100 1.000000				\$142,104.62

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	14210463		0.029142	\$4,141.20
	14911	MADERA UNIFIED 2006	14210463		0.004076	\$579.20
	14912	MADERA UNIFIED 2007	14210463		0.027058	\$3,845.06
	14916	MADERA UNIFIED 2016	14210463		0.001696	\$241.00
	14917	MADERA UNIFIED 2017	14210463		0.033178	\$4,714.74
	14918	MADERA UNIFIED 2019	14210463		0.013422	\$1,907.32
	14919	MADERA UNIFIED 2020	14210463		0.012547	\$1,782.98
	14920	MADERA UNIFIED 2022	14210463		0.012333	\$1,752.56

PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR
(559) 661-5418	06A MADERA LANDSCAP	\$126.42	(559) 673-3514	Madera Irrigation Dist	\$459.38			

AGENCY TAXES \$24,979.12
DIRECT CHARGES \$585.80
FEES \$0.00
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES \$25,564.92

1st INSTALLMENT \$83,834.77	2nd INSTALLMENT \$83,834.77	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$167,669.54

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 009-300-010-000 TAX YEAR: 2024
ORIG ASMT: 009-300-010-000
FEE NUMBER: 009-300-010-000
LOCATION: 500 N WESTBERRY BLVD #BLDG A

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

500 N WESTBERRY
MADERA CA 93637

2024-2025 2ND

IF PAID BY 04/10/2025 \$83,834.77

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$8383.47 AND \$30.00 COST) \$92248.24

00930001000032024800008383477620009224824120248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 009-300-010-000 TAX YEAR: 2024
ORIG ASMT: 009-300-010-000
FEE NUMBER: 009-300-010-000
LOCATION: 500 N WESTBERRY BLVD #BLDG A

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

500 N WESTBERRY
MADERA CA 93637

2024-2025 1ST

IF PAID BY 12/10/2024 \$83,834.77

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$8383.47 AND \$0.00 COST) \$92218.24
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2024 \$167669.54

009300010000320248000083834776100009221824720248

Ad-valorem Taxes

Phone	Code	Description	Assessed Value	Tax Rate	Tax Amount
	14921	MADERA UNIFIED 2024	14210463	0.021923	3115.3400
5596003491	16007	ST CT COMM COLL 2015 REF	14210463	0.003252	462.1200
5596003491	16008	ST CT COMM COLL 2016 GO A	14210463	0.001296	184.1600
5596003491	16009	ST CT COMM COLL 2017 REF	14210463	0.000234	33.2400
5596003491	16010	ST CT COMM COLL 02 S18A	14210463	0.002058	292.4400
5596003491	16011	ST CT COMM COLL 2016 GO B	14210463	0.004176	593.4200
5596003491	16012	ST CT COMM COLL 2020 REF	14210463	0.001320	187.5600
5596003491	16013	ST CT COMM COLL 16 S22C	14210463	0.008070	1146.7800

LETTER OF AUTHORIZATION
FOR PROPERTY TAX REPRESENTATION

GAHC4 MADERA CA SH LLC

Property Owner

009-300-010-000

Subject Property

Madera

Jurisdiction and State

2023, 2024, 2025

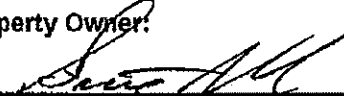

Calendar Years

This letter authorizes Ryan, LLC and its affiliate, Ryan Tax Compliance Services, LLC to represent the above-named property as its property tax agent in the jurisdiction and state named above. This authorization includes but is not limited to filing property renditions or returns; signing and filing appeals; examining all property tax records; and, appearances before the assessor, boards of equalization or review, or other governmental agencies responsible for the assessment of property.

If there are any questions concerning this authorization, please contact the following: Ryan LLC, Jared Goodrich, P.O. Box 4549, Carlsbad CA 92018, (619) 574-2509, jared.goodrich@ryan.com

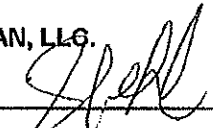
This authorization shall remain effective as long as permitted by law or until revoked in writing by the owner.

Property Owner:

		11/21/23
Signature	Printed Name	Date
VP ASSET MGMT	206-669-4773	
Title	Phone Number	

I certify that the signature above is a true and correct signature provided as a duly appointed officer or authorized employee of the above referenced company. If a copy of this form is being submitted, I will produce the original form with original signature upon request. If a completed application for changed assessment is attached to this authorization, I certify that a copy has been forwarded to applicant named in this application.

RYAN, LLC.

By: 

Date: 11-30-23

GAHC4 Madera SH LLC
Cedar Creek Senior Living



Stephanie Alyea
501 W Broadway
Suite 1300
San Diego, CA 92101
Tel (619) 574-2504
www.ryan.com

November 18, 2024

Certified Article Number

9414 7266 9904 2213 3626 11

VIA USPS Certified Mail:

SENDER'S RECORD

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

Re: Assessment Appeal Application(s)

Dear Sir or Madam:

Enclosed please find an executed assessment appeal application(s).

Please contact me if any further information is needed.

Sincerely,

Stephanie Alyea | Senior Consultant, PTS - Commercial | Ryan, LLC | 619.410.1925 |
Stephanie.Alyea@Ryan.com

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VENTILATED MAIL



9414 7266 9904 2213 3626 11

Retail



93637

RDC 99

U.S. POSTAGE PAID
FCM LG ENV
SAN DIEGO, CA 92101
NOV 22, 2024

\$11.26

S2322T501172-77



501 West Broadway
Suite 1300
San Diego, California 92101

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

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