

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.

RECEIVED
 NOV 25 2024
MADERA COUNTY 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
24R009

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME: MHC 230 LLC EMAIL ADDRESS: _____

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX):
41 Flatbush Ave Suite 3C c/o Merit Hill Capital LP

CITY <u>Brooklyn</u>	STATE <u>NY</u>	ZIP CODE <u>11217</u>	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): 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 <u>Carlsbad</u>	STATE <u>CA</u>	ZIP CODE <u>92018</u>	DAYTIME TELEPHONE <u>(619) 574-2509</u>	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	DATE
[Signature]		

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 <u>002-320-013-000</u>	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION: 24655 Road 16, Chowchilla 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	\$1,530,000	\$765,000	
IMPROVEMENTS/STRUCTURES	\$1,683,000	\$841,500	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$3,213,000	\$1,606,500	
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 (\$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 11-12-25
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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 # 70325	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 630949 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:	002-320-013-000	TAX RATE AREA:	001001
ORIG ASMT:	002-320-013-000	ACRES:	4.82
FEE NUMBER:	002-320-013-000	Original bill date 09/04/2024	
LOCATION:	FAIRMEAD COLONY 6 LOT 696 SEC 32 T9S F		

41 FLATBUSH AVENUE STE 3C
BROOKLYN NY 11217

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710	LAND	0	1530000	1530000
(Fixed Improvements) 559-675-		0	0	0
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	1683000	1683000
(Personal property) 559-675-7		0	0	0
(MH/PP) 559-675-7710		0	0	0
(Exemptions) 559-675-7710		0	0	0
NET TAXABLE VALUE				3213000
VALUES X TAX RATE PER \$100 1.000000				\$32,130.00

DUPLICATE COPY

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
	14011	CHOWCHILLA HIGH BOND 2006	3213000		0.010714	\$344.24
	14012	CHOWCHILLA UHSD 14 GO BOND	3213000		0.016925	\$543.80
	14013	CHOWCHILLA ELEM 2016 GO BOND	3213000		0.005696	\$183.00
	14014	CHOWCHILLA ELEM 2016B	3213000		0.009231	\$296.58
	14015	CHOWCHILLA ELEM 2016C	3213000		0.008500	\$273.10
	14016	CHOWCHILLA UHSD 2022 A GO BOND	3213000		0.027392	\$880.10
(209) 385-7541	16300	MERCED COMM COLL	3213000		0.012000	\$385.56

PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR

AGENCY TAXES	\$2,906.38
DIRECT CHARGES	\$0.00
FEES	\$0.00
AGENCY TAXES + DIRECT CHARGES + FEES + DELINQUENT PENALTIES	\$2,906.38

1st INSTALLMENT \$17,518.19	2nd INSTALLMENT \$17,518.19	TOTAL TAXES
PAID ON 11/27/2024	DELINQUENT AFTER 04/10/2025	\$35,036.38

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 002-320-013-000 TAX YEAR: 2024
 ORIG ASMT: 002-320-013-000
 FEE NUMBER: 002-320-013-000
 LOCATION: FAIRMEAD COLONY 6 LOT 696 SEC 32 T9S F

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

41 FLATBUSH AVENUE STE 3C
BROOKLYN NY 11217

2024-2025 2ND

IF PAID BY 04/10/2025 \$17,518.19

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$1751.81 AND \$30.00 COST) \$19300.00

002320013000520248000017518198200001930000720248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 002-320-013-000 TAX YEAR: 2024
 ORIG ASMT: 002-320-013-000
 FEE NUMBER: 002-320-013-000
 LOCATION: FAIRMEAD COLONY 6 LOT 696 SEC 32 T9S F

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

41 FLATBUSH AVENUE STE 3C
BROOKLYN NY 11217

2024-2025 1ST

PAID ON 11/27/2024 \$17,518.19

PAID

002320013000520248000017518198100001927000320248

**LETTER OF AUTHORIZATION
FOR PROPERTY TAX REPRESENTATION**

MHC 230 LLC

Property Owner

002-320-013-000

Subject Property

Madera, CA

Jurisdiction and State

2024, 2025, 2026, 2027

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:



Elizabeth Raun Schlesinger

11/19/2024

Signature

Printed Name

Date

Authorized Person

(469) 634-0219

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: 11-12-24 _____

Chowchilla – 24655 Rd 16 – CS - 482PTA – CubeSmart – MHC



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

Innovative Solutions to Taxing Problems

VENTILATED MAIL



9414 7266 9904 2213 3626 JJ

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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