

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
24R012

1. APPLICANT INFORMATION - PLEASE PRINT

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

EMAIL ADDRESS
 oconnorappeal@poconnor.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 720 Quetta Ave Apt L

CITY Sunnyvale	STATE CA	ZIP CODE 94087	DAYTIME TELEPHONE (559) 296-2120	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)
Patel, Hemin

EMAIL ADDRESS
 oconnorappeal@poconnor.com

COMPANY NAME
 O'Connor and Associates

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
 2200 North Loop West, Suite 310

CITY Houston	STATE TX	ZIP CODE 77018	DAYTIME TELEPHONE (210) 304-9052	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 National, Property Tax Consultant	DATE 11/21/24
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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 057-610-024-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
 43547 Whispering Pines Dr

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 type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> WATER CRAFT	<input type="checkbox"/> AIRCRAFT
<input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES	<input checked="" type="checkbox"/> OTHER: <u>Hotel</u>	

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$312,120	\$312,120	
IMPROVEMENTS/STRUCTURES	\$318,882	\$255,105	
FIXTURES	\$1,300	\$1,300	
PERSONAL PROPERTY (see instructions)	\$28,340	\$28,340	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$660,642	\$596,865	
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) Houston, Texas	DATE 11/21/24
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NAME (Please Print)

Hemin Patel

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 checked="" type="checkbox"/> Mail <input 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 # 35761	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 630950 Dated: 01/27/25	Receipt No: Dated:

AUTHORIZATION OF PROPERTY TAX AGENT

State of California

City of Oakhurst

This letter serves as authorization for Patrick O'Connor & Associates, L.P. doing business as O'Connor & Associates, located at 2200 North Loop West Suite 310, Houston, TX 77018, to act on behalf of the Owner of Record below, as Agent regarding Property Taxes in the County of Madera and has full permission to represent the Owner of Record in returns containing information to assess property owned or managed by this firm, examine records, and discussing with the appropriate governmental authority the assessment of the property designated below.

Parcel Number: 057-610-024

Owner: BED OF ROSES YOSEMITE LLC

Property Address: 43547 WHISPERING PINES DR

This authorization is in effect for 3 years, or until written notice of termination is issued by an officer of this company.

It is requested that all communications regarding any matter in which this Agent is authorized to act are addressed to:

O'Connor & Associates of 2200 North Loop West Suite 310, Houston, TX 77018

Executed this 12th day of ~~MARCH~~ MARCH 2024

OWNER OF RECORD
BED OF ROSES YOSEMITE

By: 

Printed Name: TAPAN NARANAWATI

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:	057-610-024-000	TAX RATE AREA:	056009	Original bill date 09/04/2024	
ORIG ASMT:	057-610-024-000	ACRES:	2.37		
FEE NUMBER:	057-610-024-000				
LOCATION:	43547 WHISPERING PINES DR				
720 QUETTA AVE APT L SUNNYVALE CA 94087					

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES					
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED	
(Land) 559-675-7710	LAND	0	312120	312120	
(Fixed Improvements) 559-675-	FIXED IMPROVEMENTS	0	1300	1300	
(Growing) 559-675-7710		0	0	0	
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	318882	318882	
(Personal property) 559-675-7	PERSONAL PROPERTY	0	28340	28340	
(MH PP) 559-675-7710		0	0	0	
(Exemptions) 559-675-7710		0	0	0	
NET TAXABLE VALUE				660642	
VALUES X TAX RATE PER \$100 1.000000				\$6,606.42	

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES								
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	=	TAX AMOUNT	
	14401	BASS LAKE SERIES 2006 GO SERIES 2010	660642		0.002195		\$14.50	
	14402	BASS LAKE ELEM BOND 2016	660642		0.026492		\$175.00	
(559) 600-3491	16007	ST CT COMM COLL 2015 REF	660642		0.003252		\$21.48	
(559) 600-3491	16008	ST CT COMM COLL 2016 GO A	660642		0.001296		\$8.56	
(559) 600-3491	16009	ST CT COMM COLL 2017 REF	660642		0.000234		\$1.54	
(559) 600-3491	16010	ST CT COMM COLL 02 S18A	660642		0.002058		\$13.58	
(559) 600-3491	16011	ST CT COMM COLL 2016 GO B	660642		0.004176		\$27.58	
(559) 600-3491	16012	ST CT COMM COLL 2020 REF	660642		0.001320		\$8.72	
PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG

AGENCY TAXES \$324.26
 DIRECT CHARGES \$0.00
 FEES \$0.00
 AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES \$324.26

1st INSTALLMENT \$3,465.34	2nd INSTALLMENT \$3,465.34	TOTAL TAXES
PAID ON 12/09/2024	DELINQUENT AFTER 04/10/2025	\$6,930.68

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB		
ASMT NUMBER:	057-610-024-000	TAX YEAR: 2024
ORIG ASMT:	057-610-024-000	MAKE CHECK PAYABLE TO:
FEE NUMBER:	057-610-024-000	Madera County Tax Collector
LOCATION:	43547 WHISPERING PINES DR	200 W. 4th St. 2nd Floor
		Madera, CA 93637

720 QUETTA AVE APT L
SUNNYVALE CA 94087

2024-2025 2ND

IF PAID BY 04/10/2025 \$3,465.34

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$346.53 AND \$30.00 COST) \$3841.87

057610024000020248000003465341200000384187120248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB		
ASMT NUMBER:	057-610-024-000	TAX YEAR: 2024
ORIG ASMT:	057-610-024-000	MAKE CHECK PAYABLE TO:
FEE NUMBER:	057-610-024-000	Madera County Tax Collector
LOCATION:	43547 WHISPERING PINES DR	200 W. 4th St. 2nd Floor
		Madera, CA 93637

720 QUETTA AVE APT L
SUNNYVALE CA 94087

2024-2025 1ST

PAID ON 12/09/2024 \$3,465.34

PAID

057610024000020248000003465341100000381187420248

Ad-valorem Taxes

Phone	Code	Description	Assessed Value	Tax Rate	Tax Amount
5596003491	16013	ST CT COMM COLL 16 S22C	660642	0.008070	53.3000

11/19/23 10:28



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ORIGIN ID: LKSA (713) 375-4084

PATRICK O'CONNOR & ASSOCIATES INC
2200 NORTH LOOP W STE 200

HOUSTON, TX 77018
UNITED STATES US

SHIP DATE: 22NOV24
ACTWGT: 1.00 LB
CAD: 261734220/FAPI2208
DIMS: 13x10x1 IN

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TO CLERK OF THE BOARD OF SUPERVISORS
MADERA COUNTY
200 W 4TH ST FL 4

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NOV 25 2024

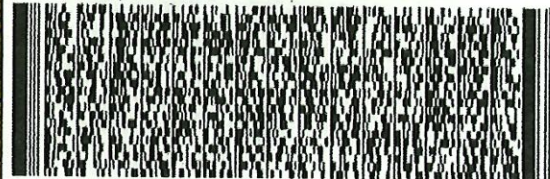
MADERA CA 93637

(713) 909-5804

INV:
PO:

RE: MADERA COUNTY
BOARD OF SUPERVISORS

DEPT:



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TUE - 26 NOV 5:00P

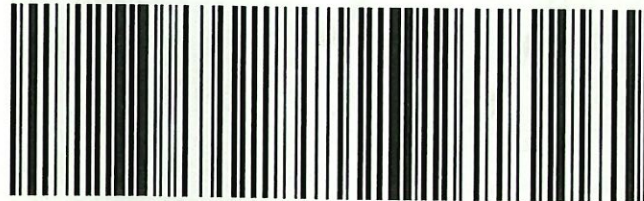
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