

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
24R013

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Nick Patel EMAIL ADDRESS
oconnorappeal@poconnor.com

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

CITY Chowchilla	STATE CA	ZIP CODE 93610	DAYTIME TELEPHONE (408) 569-2911	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 066-040-021-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
48800 ROYAL OAKS 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: Hotel	

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$1,404,540	\$1,404,540	
IMPROVEMENTS/STRUCTURES	\$5,202,000	\$4,161,600	
FIXTURES			
PERSONAL PROPERTY (see instructions)	\$24,100	\$24,100	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$6,630,640	\$5,590,240	
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) _____ Intangible value must be deducted as well.

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
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:

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:	066-040-021-000	TAX RATE AREA:	056048	Original bill date 09/04/2024
ORIG ASMT:	066-040-021-000	ACRES:	3.94	
FEE NUMBER:	066-040-021-000			
LOCATION:	48800 ROYAL OAKS DR			

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710	LAND	0	1404540	1404540
(Fixed Improvements) 559-675-		0	0	0
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-77	STRUCTURAL IMPROVEMENTS	0	5202000	5202000
(Personal property) 559-675-7	PERSONAL PROPERTY	0	24100	24100
(MH PP) 559-675-7710		0	0	0
(Exemptions) 559-675-7710		0	0	0
		0	0	0
NET TAXABLE VALUE				6630640
VALUES X TAX RATE PER \$100 1.000000				\$66,306.40

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	6630640		0.002195		\$145.54	
	14402	BASS LAKE ELEM BOND 2016	6630640		0.026492		\$1,756.58	
(559) 600-3491	16007	ST CT COMM COLL 2015 REF	6630640		0.003252		\$215.62	
(559) 600-3491	16008	ST CT COMM COLL 2016 GO A	6630640		0.001296		\$85.92	
(559) 600-3491	16009	ST CT COMM COLL 2017 REF	6630640		0.000234		\$15.50	
(559) 600-3491	16010	ST CT COMM COLL 02 S18A	6630640		0.002058		\$136.44	
(559) 600-3491	16011	ST CT COMM COLL 2016 GO B	6630640		0.004176		\$276.88	
(559) 600-3491	16012	ST CT COMM COLL 2020 REF	6630640		0.001320		\$87.52	
PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR	PHONE #	DESCRIPTION	DIR CHR
(600) 676-7516	AD 02-1 Oakhurst Wste Wt	\$10,446.98						

AGENCY TAXES	\$3,255.08
DIRECT CHARGES	\$10,446.98
FEES	\$20.00
PENALTY & COST	\$4,000.42
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES	\$17,722.48

1st INSTALLMENT \$44,024.65	2nd INSTALLMENT \$40,004.23	TOTAL TAXES
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	\$84,028.88

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 066-040-021-000 TAX YEAR: 2024
ORIG ASMT: 066-040-021-000
FEE NUMBER: 066-040-021-000
LOCATION: 48800 ROYAL OAKS DR

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

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025 2ND

IF PAID BY 04/10/2025 \$40,004.23

DELINQUENT AFTER 04/10/2025 (INCLUDES 10% PENALTY OF \$4000.42 AND \$30.00 COST) \$44034.65

066040021000220248000040004235200004403465020248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 066-040-021-000 TAX YEAR: 2024
ORIG ASMT: 066-040-021-000
FEE NUMBER: 066-040-021-000
LOCATION: 48800 ROYAL OAKS DR

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

309 PROSPERITY BLVD
CHOWCHILLA CA 93610

2024-2025 1ST

PAST DUE AMOUNT \$44,024.65

DELINQUENT AFTER 12/10/2024 (INCLUDES 10% PENALTY OF \$4000.42 AND \$0.00 COST) \$44004.65
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 02/03/2025 \$84028.88

06604002100022024800004024652100004400465620248

Ad-valorem Taxes

Phone	Code	Description	Assessed Value	Tax Rate	Tax Amount
5596003491	16013	ST CT COMM COLL 16 S22C	6630640	0.008070	535.0800

SW

AUTHORIZATION OF PROPERTY TAX AGENT

State of **California**

County of **Madera**

This letter serves as authorization for O'Connor & Associates of 2200 North Loop West Suite 310, Houston, TX 77018 to act in our behalf as Agent in regard to Property Taxes in the County of **Madera** and has full permission to represent us in returns containing information for the purpose of assessing property owned or managed by this firm, examining records, and discussing with the appropriate governmental authority the assessment of the property designated below.

Account Number: 066-040-021-000

Owner: Royal Oaks LLC

Property Address: 48800 ROYAL OAKS DR OAKHURST CA


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 is addressed to:

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

Executed this _____ day of _____, 20_____

OWNER OF RECORD



By: Vicki Pugh

Printed Name: Vicki Pugh

11/18/23 10:28



This envelope is only for FedEx Express® shipments.

ORIGIN ID: LKSA (713) 375-4084	SHIP DATE: 22 NOV 24 ACTWGT: 1.00 LB CAD: 261734220/FAP12208 DIMS: 13x10x1 IN
PATRICK O'CONNOR & ASSOCIATES INC 2200 NORTH LOOP W STE 200 HOUSTON, TX 77018 UNITED STATES US	BILL SENDER
TO CLERK OF THE BOARD OF SUPERVISORS MADERA COUNTY 200 W 4TH ST FL 4 MADERA CA 93637 (713) 909-5804 INV: PO:	
RECEIVED NOV 25 2024 MADERA COUNTY BOARD OF SUPERVISORS	
DEPT:	
TUE - 26 NOV 5:00P ** 2DAY **	
TRK# 7701 6408 7321 0201	93637 CA-US FAT

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