



MEETING AGENDA

MONO COUNTY ASSESSMENT APPEALS BOARD

Meeting Location: Board of Supervisors Chambers
County Courthouse, 278 Main St., Bridgeport, CA 93517

Regular Meeting

September 22, 2021 at 9:00 A.M.

TELECONFERENCE INFORMATION

The meeting will be held in person and via teleconferencing, as authorized by Governor Newsom's Executive Order, N-29-20, dated March 17, 2020, with members of the Board attending from separate remote locations. This hybrid format recognizes that the state is moving beyond the Blueprint for a Safer Economy beginning June 15, 2021.

To join the meeting by computer:

Visit

<https://monocounty.zoom.us/j/98858387991?pwd=NE83ZWpNU0F6aitGSEdoTENkc0NwUT09>.

Passcode: 2021

Or visit <https://www.zoom.us/>, click on "Join A Meeting" and enter the Zoom Webinar ID 988 5838 7991. Passcode: 2021

To provide public comment, press the "Raise Hand" button on your screen.

To join the meeting by telephone:

Dial (669) 900-6833, then enter Zoom Webinar ID 988 5838 7991. Passcode: 2021

To provide public comment, press *9 to raise your hand and *6 to mute/unmute

NOTE: In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact Queenie Barnard, Clerk of the Board, at (760) 932-5530. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (see 42 USCS 12132, 28CFR 35.130).

PUBLIC MAY COMMENT ON AGENDA ITEMS AT THE TIME THE ITEM IS HEARD.

9:00 A.M.	Call Meeting to Order
ADMINISTRATIVE BUSINESS	
1.	<p>Approval of Minutes for June 23, 2021 Regular Meeting of Assessment Appeals Board</p> <p><u>Recommended Action:</u> Approve minutes (see Exhibit A).</p> <p>[21-09-01]</p>
HEARINGS	
3.	<p>Pai Family Trust 09-06-19 dba Rodeway Inn / Wildwood Inn</p> <p>Parcel No. 035-025-003-000 AAB File No. 2019-017 Assessment Year: 2019-2020 Roll Value: \$3,093,932.00</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-017 (Exhibit B).</p> <p>[21-09-02]</p>
4.	<p>Dalton Restated Trust 1999</p> <p>Parcel No. 040-120-022-000 AAB File No. 2020-002 Assessment Year: 2020-2021 Roll Value: \$1,500,000</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2020-002 (Exhibit C).</p> <p>[21-09-03]</p>
5.	<p>Troop Family Trust</p> <p>Parcel No. 031-180-034-000 AAB File No. 2020-003 Assessment Year: 2020-2021 Roll Value: \$1,625,051</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2020-003 (Exhibit D).</p>

	[21-09-05]
6.	Cooke David and Cooke Kimberly Parcel No. 064-200-006-000 AAB File No. 2020-004 Assessment Year: 2020-2021 Roll Value: \$350,000 <u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2020-004 (Exhibit E). [21-09-06]
	ADJOURN

EXHIBIT A

DRAFT MEETING MINUTES
June 23, 2021
Page 1 of 2



DRAFT MEETING MINUTES MONO COUNTY ASSESSMENT APPEALS BOARD

Teleconference Only - No Physical Location

Regular Meeting

June 23, 2021 at 9:00 AM

9:02 A.M. Call Meeting to Order

*Board Members Present: Liebersbach and Oster.
Board Members Absent: Mills.*

All Board Members attended via teleconference. All votes were conducted by roll call.

ADMINISTRATIVE BUSINESS

1.	<p>Approval of Minutes for April 28, 2021 Regular Meeting of Assessment Appeals Board (Oster, Liebersbach)</p> <p><u>Action:</u> Approved minutes (Exhibit A). [21-06-01] Liebersbach Moved, Oster Seconded 2 yes; 0 no; 1 absent</p>
2.	<p>2021 Assessment Appeals Board Hearing/Meeting Calendar; Potential Candidates for Board</p> <p>Review of calendar and upcoming hearing dates; update on potential candidates for Board membership.</p> <p>Scheereen Dedman, Clerk:</p> <ul style="list-style-type: none">Reviewed date of upcoming Annual Business meeting; discussed

HEARINGS

Note:

These draft meeting minutes have not yet been approved by the Mono County Assessment Appeals Board

EXHIBIT A

DRAFT MEETING MINUTES
June 23, 2021
Page 2 of 2

<p>3.</p>	<p>Jay Bretton</p> <p>Parcel No. 039-050-081-000 AAB File No. 2019-014 Assessment Year: 2019-2020 Roll Value: \$950,000</p> <p><u>Action:</u> Approved stipulation and waive appearance of applicant [21-06-02]</p> <p>Liebersbach Moved, Oster Seconded</p> <p>2 Yes; 0 No; 1 Absent</p>
<p>4.</p>	<p>Pai Family Trust 09-06-19 dba Rodeway Inn / Wildwood Inn</p> <p>Parcel No. 035-025-003-000 AAB File No. 2019-017 Assessment Year: 2019-2020 Roll Value: \$3,093,932.00</p> <p><u>Action:</u> Postponed hearing to a date to be determined at the annual business meeting on July 19, 2021. [21-06-03]</p> <p>Liebersbach moved; Oster seconded</p> <p>2 yes, 0 no, 1 absent</p> <p>Barry Beck, Assessor:</p> <ul style="list-style-type: none">• Applicant had agreed to his appraisal but have been unable to provide the agreement to the Assessor.

ADJOURNED at 9:08 AM

ATTEST

PAUL OSTER
CHAIR OF THE BOARD

SCHEEREN DEDMAN
CLERK OF THE BOARD

Note:

These draft meeting minutes have not yet been approved by the Mono County Assessment Appeals Board

EXHIBIT B

BOE-305-WD REV. 02 (07-15)



Assessment Appeals Board
P.O. Box 237
Bridgeport, CA 93517-0715
Telephone: 760-932-5530
Fax: 760-932-5531

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT Pai Family Trust					HEARING DATE <i>if applicable</i> 09/22/2021	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 3676 Legends Drive				EMAIL ADDRESS		
CITY Simi Valley	STATE CA	ZIP CODE 93065	DAYTIME TELEPHONE (805) 807-1033	ALTERNATE TELEPHONE (805) 367-4444	FAX TELEPHONE ()	

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 2019-017	PARCEL, ACCOUNT OR TAX BILL NUMBER 035-025-003-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the *Assessment Appeal Application*.

SIGNATURE 	DATE 9/20/21
PRINT NAME OF AUTHORIZED SIGNER KRISHNA MOHAN PAI	TITLE Managing Member
COMPANY NAME KEITHAN KEISHA LLC	EMAIL ADDRESS Kpai@INVENTER.COM

FILING STATUS
 OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

- The withdrawal request is accepted and will conclude any further action on the appeal.
- The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.
- The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____
CHAIRPERSON

CLERK OF THE BOARD

EXHIBIT C

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.



Assessment Appeals Board
P.O. Box 237
Bridgeport, CA 93517-0715
Telephone: 760-932-5530
Fax: 760-932-5531
Email: hnnun@mono.ca.gov

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT Dalton Restated 1999 Trust						HEARING DATE <i>if applicable</i> 9/22/21
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 20475 Regal Oaks Dr.					EMAIL ADDRESS	
CITY Yorba Linda	STATE ca	ZIP CODE 92886	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()	

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 20-002	PARCEL, ACCOUNT OR TAX BILL NUMBER 040-120-022
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

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CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE 	DATE 8/10/2020
PRINT NAME OF AUTHORIZED SIGNER Michael Middleton	TITLE President
COMPANY NAME Protax LLC	EMAIL ADDRESS tonyad@protaxllc.com

FILING STATUS

OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

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ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____
CHAIRPERSON

CLERK OF THE BOARD

EXHIBIT D

BOE-305-WD REV. 02 (07-15)



Assessment Appeals Board
P.O. Box 237
Bridgeport, CA 93517-0715
Telephone: 760-932-5530
Fax: 760-932-5531
Email: hnnun@mono.ca.gov

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT Troop Family Trust					HEARING DATE, if applicable 9/22/24
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 2294 Swift Fox Ct.				EMAIL ADDRESS	
CITY Simi Valley	STATE CA	ZIP CODE 93065	DAYTIME TELEPHONE () ()	ALTERNATE TELEPHONE () ()	FAX TELEPHONE () ()

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 20-003	PARCEL, ACCOUNT OR TAX BILL NUMBER 031-180-034
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

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CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE 	DATE 8/10/2020
PRINT NAME OF AUTHORIZED SIGNER Michael Middleton	TITLE President
COMPANY NAME Protax LLC	EMAIL ADDRESS tonyad@protaxllc.com

FILING STATUS

OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

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ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____
CHAIRPERSON

CLERK OF THE BOARD

EXHIBIT E



MONO COUNTY ASSESSMENT APPEALS BOARD

P.O. BOX 715, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5530 • FAX (760) 932-5531

Scheereen Dedman
Clerk of the Board
sdedman@mono.ca.gov

Asst. Clerk of the Board
VACANT

THIS FORM MUST BE RETURNED!

August 6, 2021

Dear Assessment Appeals Applicant:

Please take a moment to complete the information below. All information is required. If you fail to return this letter within the designated time frame BUT attend the hearing anyway, your hearing may be postponed. At the hearing you will be expected to make a brief opening statement, not to exceed two minutes. The Assessment Appeals Board Chair will announce a limitation on the time allowed for the hearing based on the complexity of the case. If you provide good cause why more time is required, the Chair may allow additional time. For information on continuances, please refer to the hearing notice.

APPLICATION NO(S): 2020-004

HEARING DATE: SEPTEMBER 22, 2021

NAME OF APPLICANT: Cooke David and Cooke Kimberly

- I wish to withdraw my application. NOTE: **Withdrawal of an application is FINAL and your case will not be considered.**
- I will appear on the date and time scheduled for my hearing. Please estimate how much time you request to hear your case. _____ minutes

NOTE: IN THE EVENT YOU OR YOUR AGENT FAILS TO APPEAR (AND REGARDLESS OF WHETHER YOU HAVE RETURNED THIS LETTER), YOUR APPLICATION WILL BE DENIED. THIS LETTER MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO YOUR HEARING DATE (BY 08/23/2021) OR YOUR HEARING MAY BE POSTPONED BY THE BOARD.

8.17.21
Date

[Signature]
Signature