

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
CLERK OF THE BOARD
DEC - 4 2017
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

Please Return to:
701 Ocean Street, Room 520
Santa Cruz, CA 95060
Non-Refundable \$30 processing
fee due at time of filing

APPLICATION NUMBER: Clerk Use Only 084-17
EMAIL ADDRESS aseet@msn.com

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME Seet, Anna Trustee Young-Seet Family Trust		MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) P. O. Box 1318	
CITY Freedom	STATE CA	ZIP CODE 95019	DAYTIME TELEPHONE (831) 728-5176
		ALTERNATE TELEPHONE (408) 602-0970	FAX TELEPHONE ()

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)		EMAIL ADDRESS	
COMPANY NAME			
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
			()	()	()

AUTHORIZATION OF AGENT	<input type="checkbox"/> AUTHORIZATION ATTACHED
<i>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.</i>	
<i>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.</i>	
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 109-241-61	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER 890642	
PROPERTY ADDRESS OR LOCATION 894 Casserly Rd, Watsonville,	DOING BUSINESS AS (DBA), if appropriate	

PROPERTY TYPE

<input checked="" type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX	<input checked="" 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 type="checkbox"/> OTHER: _____	

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	536,794	536,794	
IMPROVEMENTS/STRUCTURES	2,878,792	358,980	
FIXTURES			
PERSONAL PROPERTY (see instructions)		450,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	3,415,586	1,395,774	
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 Request Prop 13 valuation as Residence and land as purchased 1984. Greenhouses should be classified as business equipment
 - Explanation (attach sheet if necessary)

7. WRITTEN FINDINGS OF FACTS (\$ 60.00 per parcel)

- Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes No

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COUNTY OF SANTA CRUZ

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) Watsonville, CA	DATE 11-30-17
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NAME (Please Print)
Anna Seet

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



SAN JOSE CA 95101
30 NOV 2017 PM 4 1

RECEIVED
CLERK OF THE BOARD
DEC - 4 2017
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

County of Santa Cruz
701 Ocean St, Rm 520
Santa Cruz CA 95060

55060-406599



OFFICIAL RECEIPT

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

No. **C 411238**

Date

Dec 8 2017

OK
12/5/17

Received from

Anna Seet

Address

994 Casserly Rd Watsonville CA 95076

The Sum of

Thirty and no/100 Dollars \$ 30.00

For

MRS Processing fee

APN 109-244-61

App# 084-17

DEPARTMENT OR OFFICE

COB

By

Julie

ORIGINAL-TO PAYEE



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

December 27, 2017

Anna Seet
P.O. Box 1318
Freedom, CA 95019

NOTICE OF RECEIPT OF: APPLICATION FOR CHANGED ASSESSMENT

APN/ACCT. NO. 109-241-61

APPLICATION NO. 084-17

Dear Applicant:

This notice is to advise you that the above referenced "Application for Changed Assessment" (Appeal) has been received/filed by the Clerk of the Board of Supervisors. Please retain this notice for future reference. Please use the application number listed above for any correspondence or phone calls to either the Clerk of the Board or the Assessor's Office.

Scheduled hearings are held on Mondays, 8:30 A.M. in the Board of Supervisors' Chambers, Room 525 (5th floor), 701 Ocean Street, Santa Cruz, California.

You will be notified of the date of your hearing at least 45 days prior to that hearing.

NOTE: STATE LAW REQUIRES THAT APPEALS BE RESOLVED WITHIN 2 YEARS FROM THE DATE OF THE FILING. PROPERTY TAXES SHOULD BE PAID WHEN DUE, TO AVOID POSSIBLE PENALTIES, EVEN IF AN APPEAL HAS BEEN FILED.

If you requested written "Findings of Fact" by checking Box #7 on the application form, you must pay the Clerk of the Board of Supervisors at the commencement of your hearing. The amount is \$60.00 per parcel. This document will not be prepared for you if the funds are not received on the date of your hearing.

If you no longer wish to pursue this appeal, by withdrawing, please sign, date and return to the address at the top of this letter.

I WISH TO WITHDRAW (CANCEL) THIS APPEAL

Signature _____ Date _____

Please Print Name _____



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

ASSESSMENT APPEALS NOTICE OF HEARING

August 29, 2018

Application Number 084-17

Parcel / Account Number/s 109-241-61

Anna Seet, Trustee
c/o Young-Seet Family Trust
P.O. Box 1318
Freedom, CA 95019

Dear Applicant:

Your Assessment Appeals Hearing has been **scheduled for Monday, October 22, 2018** at **8:30 a.m.**, County Government Center, 701 Ocean Street, Room 525, Board of Supervisors' Chambers, Santa Cruz, California.

The applicant shall appear personally at the hearing, or may have an agent appear for the applicant. If you, or your agent, are unable to attend the hearing, a postponement must be requested from the Clerk no later than 21 days prior to the above hearing date. **If you, or your agent, do not appear the Board may deny your Application for lack of appearance.**

The Board does not provide language interpreter services. If you wish to use an interpreter, you must provide the interpreter for your hearing.

The Board is required to find taxable value of the property. The Board may grant your request for reduction, or the Board may increase the taxable value determined by the Assessor; thus, your assessment could be raised rather than lowered. The Board must base its decision only on the evidence presented at the hearing. Documents attached to your Application will not be considered. **If you wish the Board to review and consider any document(s), you must bring seven copies of the document(s) to your hearing.**

If you wish the Board to issue written "Findings of Fact" (see Section 7 on your "Application for Changed Assessment" form), you must pay a fee of \$60 per parcel. This fee must be paid at the beginning of the hearing; only checks or cash will be accepted. If the fee is not paid the written Findings of Fact will not be prepared.

If you wish to withdraw your "Application for Changed Assessment", please sign, date and return this letter to: Assessment Appeals Board, 701 Ocean Street, Room 520, Santa Cruz, CA 95060

PLEASE WITHDRAW MY APPLICATION

Signature _____

Date _____



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

ASSESSMENT APPEALS BOARD

October 1, 2018

Anna Seet, Trustee
c/o Young-Seet Family Trust
P.O. Box 1318
Freedom, CA 95019

HEARING DATE CONFIRMATION NOTICE

For Your Assessment Appeals Application

HEARING DATE: October 22, 2018

TIME: 8:30 A.M.

LOCATION: Board of Supervisors Chambers, 701 Ocean Street, Room 525, Santa Cruz, CA

APPLICANT: Anna Seet, Trustee

APPLICATION NUMBER/S: 084-17

PARCEL/ACCOUNT NUMBER/S: 109-241-61

PLEASE CHECK ONE OF THE ITEMS SHOWN BELOW:

- () I will be present on the scheduled hearing date.
() I have stipulated to an agreed reduction.
() I wish to withdraw my application.

I understand that if I, or my designated agent, do not appear at the scheduled hearing date and time, my application shall be denied for failure to appear. I also understand that I, or my designated agent, are required to bring seven copies of any document that I wish to have submitted into evidence and/or will be discussed during my hearing.

Applicant's Name (printed)

Date

Agent's Name (printed)

Date

Applicant's Signature

Date

Agent's Signature

Date

MUST BE RECEIVED AT THE ADDRESS ABOVE BY: October 15, 2018

P. 1
OCT 13 2018
Hank 10.1.18



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4073
(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

ASSESSMENT APPEALS BOARD

October 1, 2018

Anna Seet, Trustee
c/o Young-Seet Family Trust
P.O. Box 1318
Freedom, CA 95019

Received
CLERK OF THE BOARD
OCT 16 2018
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

HEARING DATE CONFIRMATION NOTICE

For Your Assessment Appeals Application

HEARING DATE: October 22, 2018

TIME: 8:30 A.M.

LOCATION: Board of Supervisors Chambers, 701 Ocean Street, Room 525, Santa Cruz, CA

APPLICANT: Anna Seet, Trustee

APPLICATION NUMBER/S: 084-17

PARCEL/ACCOUNT NUMBER/S: 109-241-61

PLEASE CHECK ONE OF THE ITEMS SHOWN BELOW:

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Anna Seet
Applicant's Name (printed) _____ Date _____

A Seet 10/14/18
Applicant's Signature _____ Date _____

Agent's Name (printed) _____ Date _____

Agent's Signature _____ Date _____

MUST BE RECEIVED AT THE ADDRESS ABOVE BY: October 15, 2018