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JAN 16 2018

APPEAL CASE # 18-0053

Washoe County Board of Equalization

APN 090-051-03

WASHOE COUNTY ASSESSOR

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APPR PAO

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. **Most types of appeals must be filed no later than Jan**
If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a h
due date may apply.

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION (Agent's Information to be completed in Part H)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Winner Properties LLC Colorado					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Russ McGrane				TITLE Manager	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 9601 Orient Express Ct.				EMAIL ADDRESS: russmcgrane@gmail.com	
CITY Las Vegas	STATE NV	ZIP CODE 89145	DAYTIME PHONE 303-881-8892	ALTERNATE PHONE ()	FAX NUMBER ()

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- ☐ Sole Proprietorship ☐ Trust ☐ Corporation
☒ Limited Liability Company (LLC) ☐ General or Limited Partnership ☐ Government or Governmental Agency
☐ Other, please describe:

The organization described above was formed under the laws of the State of _____.

The organization described above is a non-profit organization. ☐ Yes ☐ No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self ☐ Trustee of Trust ☒ Employee of Property Owner
☐ Co-owner, partner, managing member ☐ Officer of Company
☐ Employee or Officer of Management Company
☐ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
☐ Other, please describe:

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 14291	STREET/ROAD Lear Blvd.	CITY (IF APPLICABLE) Reno	COUNTY Washoe
Purchase Price: \$2,500,000		Purchase date: 03/2000	

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) 090-051-03	ACCOUNT NUMBER
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3. Does this appeal involve multiple parcels? Yes ☐ No ☐

List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
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4. Check Property Use Type: ☒

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input type="checkbox"/> Residential Property	<input checked="" type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

5. Check Year and Roll Type of Assessment being appealed: ☒

<input checked="" type="checkbox"/> 2018-2019 Secured Roll	<input type="checkbox"/> 2017-2018 Reopen	<input type="checkbox"/> 2017-2018 Unsecured/Supplemental	<input type="checkbox"/> 2017-2018 Exemption Value
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Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	\$ 831,233	\$ 831,233
Buildings	\$ 3,009,672	\$ 2,168,717
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	\$ 3,840,905	\$ 3,000,000

Part F. TYPE OF APPEAL*Check box which best describes the authority of the County Board to take jurisdiction to hear the appeal.*

- ☒ NRS 361.357: The full cash value of my property is less than the computed taxable value of the property.
- ☐ NRS 361.356: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.
- ☐ NRS 361.355: My property is overvalued because other property within the county is undervalued or not assessed, and I have attached the proof showing the owner, location, description and the taxable value of the undervalued property.
- ☐ NRS 361.155: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.
- ☐ NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.
- ☐ NRS 361.769: My property has been assessed as property escaping taxation for this year and/or prior years.

Part G. WRITE A STATEMENT DESCRIBING THE FACTS AND/OR REASONS FOR YOUR APPEAL, REQUEST FOR REVIEW, OR COMPLAINT. (ATTACH A SEPARATE PAGE IF MORE ROOM IS NEEDED).

*Income performance of the property for 2017 supports a
download adjustment in taxable value.*

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H below is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H

Petitioner Signature

Title

Print Name of Signatory

Date

Part H. AUTHORIZATION OF AGENT *Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the County Board.*

I hereby authorize the agent whose name and contact information appears below to file a petition to the County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition. I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

*List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.***Authorized Agent Contact Information:**

NAME OF AUTHORIZED AGENT: <i>Alex Martinez</i>		TITLE: <i>Principal Consultant</i>	
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <i>Marvin F. Poer and Company</i>		EMAIL ADDRESS: <i>alexmartinez@mfpoe.com</i>	
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <i>410 17th St. Ste. 1175</i>			
CITY: <i>Denver</i>	STATE: <i>CO</i>	ZIP CODE: <i>80202</i>	DAYTIME PHONE: <i>303-573-9151</i>
ALTERNATE PHONE:		FAX NUMBER: ()	

Authorized Agent must check each applicable statement and sign below.

- ☐ I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board.
- ☐ I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and the limitations contained in the Agent Authorization Form to be separately submitted.

Authorized Agent Signature

Title

Print Name of Signatory

Date

- ☐ I hereby withdraw my appeal to the County Board of Equalization.

Signature of Owner or Authorized Agent/Attorney

Date

LETTER OF AUTHORIZATION

Instructions:

This letter of authorization must be signed by the OWNER OF RECORD. If a professional management company is acting on behalf of the owner, a letter from the owner of record or a copy of a management agreement giving the management company authority to act on the owners' behalf must be supplied. If the lessee is initiating the appeal, then a copy of the lease must be supplied to establish proper authorization.

To all parties:

The owner of record hereby designates Marvin F. Poer and Company, its agents and employees, to act on behalf of the owner in all matters pertaining to the review and appeal of real and/or personal property valuation and classification to the assessor, county board of equalization, arbitration, state board of assessment appeals, district court or any other hearing process. This authorization is limited to the properties listed below and on the attached continuation form(s).

TAX YEAR: 2018/2019

SIGNATURE: _____

PRINTED: _____

TITLE: _____

OWNERSHIP NAME: WINNER PROPERTIES LLC COLORADO

TELEPHONE: 303-881-8892

PROPERTY LIST:

Schedule/Parcel Numbers

Property Address

090-051-03

14291 Lear Blvd.

26531/447620 Property Name: Flex Industrial County: Washoe

Marvin F. Poer and Company, 410 17th St. Suite 1175, Denver, CO 80202
Phone: 303-573-0975, Fax: 303-573-0976