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APPEAL CASE

APN

HEARING #

Washoe County Board of Equalization

027-354-21

23-0003E22A

028-172-05

23-0003E22B

550-073-02

23-0003E22C

550-231-15

23-0003E22D

WASHOE COUNTY ASSESSOR

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 January 15th.

If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a different 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: WestCare Nevada, Inc.					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Sherrie Tillman				TITLE Regional Accountant	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) PO Box 94738				EMAIL ADDRESS: sherrie.tillman@westcare.com	
CITY Las Vegas	STATE NV	ZIP CODE 89193	DAYTIME PHONE (702) 321-1382	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: 501(c)(3) Corporation

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

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 1710	STREET/ROAD Byrd Dr	CITY (IF APPLICABLE) Sparks	COUNTY Washoe
Purchase Price:		Purchase date:	

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

ASSESSOR'S PARCEL NUMBER (APN) 027-354-21	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: 4	Multiple parcel list is attached. <input checked="" 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 checked="" type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input checked="" 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 type="checkbox"/> 2023-2024 Secured Roll	<input checked="" type="checkbox"/> 2022-2023 Reopen	<input type="checkbox"/> 2022-2023 Unsecured/Supplemental	<input type="checkbox"/> 2022-2023 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	N/A	N/A
Buildings	N/A	N/A
Personal Property	N/A	N/A
Possessory Interest in real property	N/A	N/A
Exempt Value	N/A	N/A
Total		

WestCare Nevada, Inc.
Washoe County Property Listing

all properties should be exempt from taxes

APN	Address
027-354-21	1710 Byrd Dr
028-172-05	Shari Way
550-073-02	11585 Claim Stake Dr
550-231-15	Lone Dessert Dr

**PETITIONER'S
EVIDENCE**



September 9, 2022

WestCare Nevada, Inc.

Request to Review: Washoe County Property Tax Exemption Status regarding four WestCare Nevada, Inc. Properties:

APN	Address
027-354-21	1710 Byrd Dr
028-172-05	Shari Way
550-073-02	11585 Claim Stake Dr
550-231-15	Lone Dessert Dr

Filing was due by 6/15/2022, our filing was five business days past this date and we are requesting a review, reinstatement and refund of the property taxes we have paid as a result. We are very apologetic for missing this deadline. Please let me know if I can provide any additional information or answer any questions to help with your review.

Sincerely,

A handwritten signature in black ink, appearing to read "Sherrie Tillman".

Sherrie Tillman, Regional Accountant WestCare Foundation

Sherrie.Tillman@WestCare.com

702-321-1382