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TSG-NV-424

APPEAL CASE # 23-0087

WASHOE COUNTY ASSESSOR

Washoe County Board of Equalization

APN 010-234-21

NBC AFFQ
APPR SRS

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 17th if the appeal involves valuation of property including taxation, or a determination that agricultural property has been converted to a higher use 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: Bergmann 1999 Trust, Roger A
NAME OF PETITIONER OR DIFFERENT THAN PROPERTY OWNER LISTED IN PART A: Raley's Family of Stores (As Lessee and Taxpayer)
TITLE: Troy Dlinn - Sr. Mgr. Tax & Treasury
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): PO Box 15618
CITY: West Sacramento STATE: CA ZIP CODE: 95852 DAYTIME PHONE: (916) 373-3333

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: Director of Tax Treasury/Government Affairs

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS: 0144B Mayberry Dr, Reno CITY (IF APPLICABLE): Washoe County Nevada
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): 010-234-21 ACCOUNT NUMBER:

3. Does this appeal involve multiple parcels? Yes No

If yes, enter number of parcels: Multiple parcel list is attached.

4. Check Property Use Type:

Vacant Land Mobile Home (Not on foundation) Mining Property
Residential Property Commercial Property Industrial Property
Multi-Family Residential Property Agricultural Property Personal Property
Possessory Interest in Real or Personal Property

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

2020-2021 Secured Roll 2022-2023 Reopen 2022-2023 Unsecured/Supplemental 2022-2023 Exemption Value

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Building, Personal Property, Possessory Interest in Real Property, Exempt Value, Total.

Part F. TYPE OF APPEAL

Circle the value description that applies to the authority of the County Board to take jurisdiction to hear the appeal.

- NRS 381.387: The full cash value of my property is less than the computed taxable value of the property.
- NRS 381.388: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.
- NRS 381.386: 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 381.185: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.
- NRS 381A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.
- NRS 381.780: My property has been assessed as property-occupied 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).

The current county value exceeds the actual fair market value of the subject and does not reflect the current real estate market. Information to be provided at hearing.

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information herein, 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 387.334, 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 verify 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.

[Signature]
Petitioner Signature

[Signature]
Title: **Director of Tax Treasury/Government Affairs**

Troy Dahn
Print Name of Signatory

Date: **1/9/2023**

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	TITLE					
Jerry Chatam or its Employees	President					
AUTHORIZED AGENT COMPANY, IF APPLICABLE	EMAIL ADDRESS					
J. W. Chatam and Associates	jchatam@jwchatam.com					
MAILING ADDRESS OF AUTHORIZED AGENT (SEPARATE ADDRESS OR P.O. BOX)						
14360 W 96th Terrace, Lenexa, KS 66215						
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
Lenexa	KS	66215	913 239-0990		913 239-0990	

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 herein, 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 381.382 and its limitations contained in the Agent Authorization Form to be separately submitted.

[Signature]
Authorized Agent Signature

President of J. W. Chatam and Associates Inc

Jerry Chatam
Print Name of Signatory

Date: **1/9/23**

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

Signature of Owner or Authorized Agent/Attorney _____ Date _____

Washoe County Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call (775) 326-2277

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL Bergmann 1999 Trust, Roger A					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Raley's Family of Stores (As Lessee)				TITLE Troy Dirlin - Sr. Mgr. Tax & Treasury of Raley's as approved taxpayer.	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) PO Box 15618				EMAIL ADDRESS:	
CITY West Sacramento	STATE CA	ZIP CODE 95852	DAYTIME PHONE (916) 978-3333	ALTERNATE PHONE ()	FAX NUMBER ()

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if 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 PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

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: Director of Tax Treasury/Government Affairs

Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notices of tax bill.

ASSESSOR'S PARCEL NUMBER (APN) 010-294-21	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER
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Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED:

<input checked="" type="checkbox"/> 2023-2024 Secured Roll	<input type="checkbox"/> 2022-2023 Reopen Roll	<input type="checkbox"/> 2023-2028 Unsecured Roll	<input type="checkbox"/> 2022-2028 Supplemental Roll
Other years being appealed: _____ Reported to the local authority, if any, that permits the County Board to consider appeals of taxable value from past years.			

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Washoe County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

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 Washoe County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

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: Jerry Chatam or its Employees		TITLE: President			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: J. W. Chatam and Associates		EMAIL ADDRESS: jchatam@jwchatam.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 14360 W 96th Terrace, Lenexa, KS, 66215					
CITY Lenexa	STATE KS	ZIP CODE 66215	DAYTIME PHONE (913) 239-0990	ALTERNATE PHONE ()	FAX NUMBER 913 239-099

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

 Jerry Chatam - President of J. W. Chatam and Associates Inc. 1/9/23
 Authorized Agent Signature Title Date

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:		TITLE:			
AUTHORIZED AGENT COMPANY, IF APPLICABLE:		EMAIL ADDRESS:			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)					
CITY	STATE	ZIP CODE	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

 Title Date

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 601.034; 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. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.

 Troy Dilli ^{SA, Mgr} Director of Tax and Treasury/Government Affairs 1/9/2023
 Property Owner / Petitioner Signature Title Date

For docketing only

J.W. CHATAM & ASSOCIATES INC.

REAL ESTATE APPRAISERS & AD VALOREM CONSULTANTS

CORPORATE HEADQUARTERS
14360 W. 96TH TERRACE
LENEXA, KS 66215
PH. (913) 239-0990 FAX (913) 239-0993

January 9, 2023

Washoe County Assessor
1001 E. Ninth Street
Reno, NV 89512

RE: 2023 Petition for Review of Taxable Value

Dear Assessor:

Attached are 2023 Petition for Review of Taxable Value Forms. We respectfully request telephone hearings. Please let us know the date and time of the hearing. We can be contacted as follows:

J. W. Chatam & Associates
14630 W. 96th Terrace
Lenexa, KS 66215
Phone 913-239-0990
Fax 913-239-0993
Email jchatam@jwchatam.com

I appreciate your assistance. Please call if you have any questions.

Sincerely,



Blake M Newell
Executive Vice President

Enclosures