

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.

\$45.00 USD PROCESSING FEE. To be paid at the time of filing for each parcel being appealed. A separate application must be filed for each parcel. **THE PROCESSING FEE IS NON-REFUNDABLE.**

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
DEVITA FAMILY TRUST

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

1095 Paullus Dr.

CITY
HollisterSTATE
CAZIP CODE
95023DAYTIME TELEPHONE
(408) 252 5518ALTERNATE TELEPHONE
(408) 309 5592FAX 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☐ AUTHORIZATION ATTACHED

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.

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.

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

067-042

ASSESSMENT NUMBER

020-860-025-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1095 Paullus Dr., Hollister, CA 95023

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☒ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

260000

260000

IMPROVEMENTS/STRUCTURES

508000

465514

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

768000

725514

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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**

Properties used for comparable value was incorrect. Explanation attached.

☒ Explanation (attach sheet if necessary)**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☒ Are not requested.**PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER PARCEL (APN) IS REQUIRED AT THE TIME OF THE****8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** See instructions.HEARING.☒ Yes ☐ No**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)

DATE

Hollister, CA

11/12/18

NAME (Please Print)

Charles M DeVita

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

11/12/18

San Benito County
Assessment Appeal Explanation

Re: THE DEVITA FAMILY TRUST
1095 Paullus Dr., Hollister, CA 95023
Tax Rate Area: 067-042
Assessment #: 020-860-025-000

Explanation of Request to Reassess:

Premise-The properties used for comparable value were not properly selected.
This resulted in excessive valuation.

Sales Used by Assessor				
Date Sold	Address	Sq Ft	Price	\$/Sq Ft
3/13/18	1125 Paullus Dr.	3350	\$ 770,000	\$ 229.85
11/28/17	1116 Ridgemark	2980	\$ 759,000	\$ 254.70
3/8/18	1070 Paullus Dr.	2795	\$ 725,000	\$ 259.39
10/16/17	1700 Sonnys	3000	\$ 735,000	\$ 245.00
	Average	3031	\$ 747,250	\$ 246.52

The inclusion of the sale of 1070 Paullus was inappropriate as that home has been highly upgraded to a level not reflected at 1095 Paullus Dr.

It is interesting that several sales in the latter half of 2017 were not used.

Sales Not Used by Assessor				
Date Sold	Address	Sq Ft	Price	\$/Sq Ft
8/6/17	945 Paullus	3300	\$ 746,000	\$ 226.06
8/13/17	1100 Paullus	3057	\$ 735,000	\$ 240.43
11/13/17	750 Ridgemark	3874	\$ 782,500	\$ 201.99
2/16/17	81 Ken Ct.	2970	\$ 732,000	\$ 246.46
5/26/17	1058 Ridgemark Dr.	3410	\$ 722,000	\$ 211.73
	Average	3322	\$ 743,500	\$ 223.80


If you substitute the sale of 945 Paullus Dr. (which the assessor indicated would be an appropriate sale), the average \$/square foot declines from \$246.52 to \$238.73

Alternate Calculation				
Date Sold	Address	Sq Ft	Price	\$/Sq Ft
3/13/18	1125 Paullus Dr.	3350	\$ 770,000	\$ 229.85
11/28/17	1116 Ridgemark	2980	\$ 759,000	\$ 254.70
10/16/17	1700 Sonnys	3000	\$ 735,000	\$ 245.00
8/6/17	945 Paullus	3300	\$ 746,000	\$ 226.06
	Average	3137	\$ 749,000	\$ 238.73

Using this metric, the valuation of 1095 Paullus Dr. should be \$725,514 rather than \$768,000.

Additionally, the Assessor has agreed that the solar unit at 1095 Paullus Dr. should be deleted from the value since it is rented, not owned. However, no change in value has been presented.

Regards,


Charles DeVita,
1095 Paullus Dr.,
Hollister, CA 95023

CHARLES M DEVITA
KAY S DEVITA
1695 PAULLUS DR
HOLLISTER, CA 95028-6481

1311

11-4286/4210 3808

11/13/18 Date

Pay to the Order of San Benito County \$ 45.00

Fifty Five and no/100 Dollars



Wells Fargo Bank, N.A.
www.wellsfargo.com



Photo
Copy
Scan
Alter
Detach or Destroy

2018 Assessment Appeal
For 020-860-025-008

CM. DeVita

121210428821 57155055401 01311

A - 410

Tom Slavich

From: Janet Slibsager
Sent: Wednesday, November 28, 2018 9:45 AM
To: Tom Slavich
Cc: Barbara Thompson; Shirley Murphy
Subject: Assessment Appeal Application-Devita Family Trust
Attachments: SKM_C65818112810350.pdf

Attached is a copy of Assessment Appeal Application for Devita Family Trust.

Janet Slibsager
Clerk of the Board
481 Fourth Street
Hollister, CA 95023
(831)636-4000, Ext. 11