

TEHAMA COUNTY BOARD OF EQUALIZATION
P. O. BOX 250
RED BLUFF, CA 96080
Phone (530)527-3287 Fax (530)527-1745

Date: July 23, 2024

Daultine Brophy
3769 Marquerite Ave
Corning, CA

Dear Mr. Brophy:

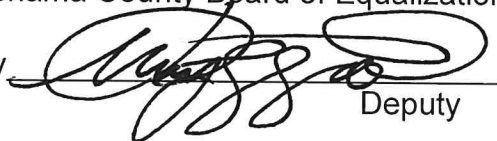
Enclosed you will find the Hearing Confirmation Notice Form including Withdraw Form. Please complete the form and return to this office.

You may return the application to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, and CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

Sincerely,

Jennifer Vise, Clerk of the
Tehama County Board of Equalization

By


Deputy

HEARING DATE CONFIRMATION NOTICE

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.

HEARING DATE AND TIME* September 17, 2023 at 1:30pm	APPLICATION NUMBER(S) 5-2023
HEARING LOCATION Tehama County Administration, Board of Chambers, 727 Oak Street, Red Bluff, CA 96080	
PARCEL OR ASSESSMENT NUMBER(S) 087-060-034 or 990-027-439	APPLICANT Daultine J Brophy

* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

Check one of the boxes below.

I will be present on the scheduled hearing date.

Please bring _____ copies of any evidence you wish to present to the Assessment Appeals Board.

I request my right to a one-time postponement of my hearing to another hearing date. To schedule your hearing for a future date, please contact the Clerk of the Board at (_____) _____ - _____.

I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.

If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code section 1604(c), the Clerk will provide you with a waiver (form BOE-305-W) to indefinitely extend and toll the period in which your appeal is to be heard and decided.

I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)

I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

I have signed a stipulation with the assessor's office. (Your attendance at the hearing is not required.)

In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance unless you have requested a postponement.

CERTIFICATION

I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.

SIGNATURE ▶ _____	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT Daultine J Brophy					HEARING DATE <i>if applicable</i> 9/17/24
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 3769 Marquerite Ave				EMAIL ADDRESS	
CITY Corning	STATE CA	ZIP CODE 96021	DAYTIME TELEPHONE (530) 953-7534	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 5-2023	PARCEL, ACCOUNT OR TAX BILL NUMBER 087-060-034
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
ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE 	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

- The withdrawal request is accepted and will conclude any further action on the appeal.
- The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.
- The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____
CHAIRPERSON

CLERK OF THE BOARD

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.**

FILED

APPLICATION NUMBER: Clerk Use Only
5-2023

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Brophy, Dawnline J.

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
3769 Marquerite Ave

CITY **Corning** STATE **CA** ZIP CODE **96001** DAYTIME TELEPHONE **(530) 953-7331** ALTERNATE TELEPHONE **N/A** FAX TELEPHONE **N/A**

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

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 ATTACHED

AUTHORIZATION OF AGENT
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 **087-060-034** ASSESSMENT NUMBER **990-027-439** FEE NUMBER

ACCOUNT NUMBER TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION **3769 Marquerite Ave. Corning, CA 96001** 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	117,892	35,085	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>AUG - 4 2023</p> <p>TEHAMA COUNTY BOARD OF EQUALIZATION</p> </div>
IMPROVEMENTS/STRUCTURES	243,912	86,103	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	361,804	121,188	
PENALTIES (amount or percent)			



County of Tehama

Kenneth L. Brown, Assessor

P.O. Box 428
Red Bluff, CA 96080 (530) 527-5931

BOE-67-B(P1) REV. 03 (05-12)

NOTICE OF SUPPLEMENTAL ASSESSMENT

DATE OF NOTICE: 07/05/2023

Parcel Number: 087-060-034-000

Doc Num: 2022R013640

Asmt Num: 990-027-439-000

Orig Asmt: 087-060-034-000

Situs Address: 3769 MARGUERITE AVE

Comments:

BROPHY, DAULTINE JO ETAL
3769 MARGUERITE AVENUE
CORNING CA 96021

Date of Change of Ownership or Completion of New Construction: 11/22/2022

One or more supplemental assessments have been determined for the property shown above. Supplemental assessments are determined in accordance with the California Constitution, article XIII A, which generally requires a current market value reassessment of real property that has either undergone a change in ownership or is newly constructed.

As shown below, a supplemental assessment represents the difference between the property's "new base year value" (for example, current market value) and its existing taxable value. If the change in ownership or completion of new construction occurred between January 1 and May 31, two supplemental assessments are issued: one for the difference between the new base year value and the taxable value appearing on the current assessment roll, and another for the difference between the new base year value and the taxable value that will appear on the assessment roll being prepared.

If a supplemental assessment is a negative amount, the county auditor will make a refund of a portion of the taxes paid on assessments made on the current roll, or the roll being prepared, or both. A copy of the assessment roll is available for inspection by all interested parties during regular office hours.

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe the assessment is incorrect, you have the right to an informal review with the Assessor's staff. You may contact the Assessor's Office for an informal review at 530-527-5931

	CURRENT ROLL 2022 - 2023			ROLL BEING PREPARED 0 - 0		
	Existing Value	New Value	Supplemental Assessment	Existing Value	New Value	Supplemental Assessment
Land	35,085	117,542	82,457	0	0	0
Improvements	86,103	243,051	156,948	0	0	0
Growing	0	0	0	0	0	0
Fixtures	0	0	0	0	0	0
Personal Prop./ Mobile Home	0	0	0	0	0	0
Homesite	0	0	0	0	0	0
TAXABLE VALUE	121,188	360,593	239,405	0	0	0
Exemptions						
Homeowners	7,000	0	0	0	0	0
Other	0	0	0	0	0	0
NET TOTAL	114,188	360,593	239,405	0	0	0

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

**TEHAMA COUNTY BOARD OF EQUALIZATION
P. O. BOX 250
RED BLUFF, CA 96080**

Daultine Brophy
3769 Marguerite Ave.
Corning, Ca 96021

August 7, 2023

Tehama County Property Owner:

This is to let you know that your Application(s) for Changed Assessment has been received by our office. Your appeal number is **5-2023**.

Please be aware that due to a high volume of appeals received, there may be a delay in processing your application. The Appeals Board is expected to hear and decide all appeals within two years of the filing of an application. (If you do not have your property taxes impounded through a mortgage, you will still be required to pay all property taxes while awaiting the outcome of your appeal).

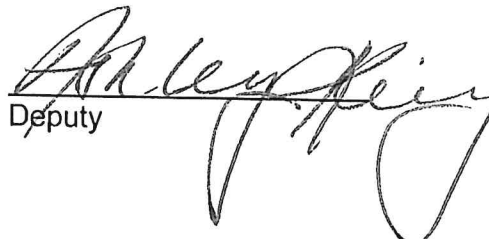
Once the Assessor's Office has received your application, they will process your file. If you and the Assessor reach an agreement on value during this process, there will be no need for an Assessment Appeals hearing. If no agreement on value is reached between you and the Assessor's Office, a hearing will be scheduled. You will be given 45 days notice prior to the Assessment Appeals hearing.

Just a reminder, your appeal must be based on the market value of your property as of January 1st of the year in which you are filing. For example, if you file an appeal in 2023, your appeal must be based on the market value of your property as of January 1, 2023.

Thank you for your cooperation and patience as our departments work through this process.

If you have any questions regarding your appeal, please call the Assessor's Office at (530) 527-5931.

JENNIFER VISE, Clerk of the
Tehama County Board of Equalization


Deputy