



## MEETING AGENDA

### MONO COUNTY ASSESSMENT APPEALS BOARD

Teleconference Only - No Physical Location

Regular Meeting

January 14, 2021 at 9:00 AM

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#### TELECONFERENCE INFORMATION

As authorized by Governor Newsom's Executive Order, N-29-20, dated March 17, 2020, the meeting will be held via teleconferencing with members of the Board attending from separate remote locations. This altered format is in observance of recommendations by local officials that precautions be taken, including social distancing, to address the threat of COVID-19.

#### Important Notice to the Public Regarding COVID-19

Based on guidance from the California Department of Public Health and the California Governor's Officer, in order to minimize the spread of the COVID-19 virus, please note that there is no physical location of the meeting open to the public. You may participate in the Zoom Webinar, including listening to the meeting and providing public comment, by following the instructions below.

#### To join the meeting by computer:

Visit

<https://monocounty.zoom.us/j/93478178807?pwd=anBSeEZYMnl1T2xVWHJFN3JjS2ZYQT09>

Passcode: 300142

Or visit <https://www.zoom.us/> click on "Join A Meeting" and use the Zoom Meeting ID 934 7817 8807, Passcode: 300142.

To provide public comment (at appropriate times), during the meeting, press the "Raise Hand" button on your screen.

**To join the meeting by telephone:**

Dial (669) 900-6833, then enter Webinar ID: 934 7817 8807, passcode: 300142

To provide public comment (at appropriate times) during the meeting, press \*9 to raise your hand.

**NOTE:** In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact Scheereen Dedman, Clerk of the Board, at (760) 932-5530. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (see 42 USCS 12132, 28CFR 35.130).

***PUBLIC MAY COMMENT ON AGENDA ITEMS AT THE TIME THE ITEM IS HEARD.***

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

<b>HEARINGS</b>	
<b>1.</b>	<p><b>Killion Inter Vivos Trust</b></p> <p>(1) Parcel No. 032-143-312-000 AAB File No. 2019-008 Assessment Year: 2019-2020 Roll Value: \$480,000.00</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-008 (Exhibit A). [21-01-13]</p> <p>(2) Parcel No. 032-150-009-000 AAB File No. 2019-009 Assessment Year: 2019-2020 Roll Value: \$1,500,000.00</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-009 (Exhibit B). [21-01-14]</p> <p>(3) Parcel No. 033-411-005-000 AAB File No. 2019-010 Assessment Year: 2019-2020 Roll Value: \$650,000.00</p>

	<p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-010 (Exhibit C). [21-01-15]</p>
<p><b>2.</b></p>	<p><b>Melideo Revocable Family Trust 11-8-13</b></p> <p>Parcel #031-211-009-000 File # 2019-012 Assessment Year: 2019-2020 Roll Value: \$483,688.00</p> <p><u>Recommended Action:</u> Announce File No. 2019-012 as application for reduction in assessment, the role value of subject property, and applicant's opinion of value; at the Board's discretion, request the parties to briefly describe the subject property, the issues presented, and any agreements or stipulations agreed to by the parties; and thereafter either (i) take the matter under submission; (ii) request that the parties answer any questions and/or provide any additional materials/documentation; or (iii) determine the full value of the subject property based on the evidence before the Board and direct staff to prepare an order. [21-01-16]</p>
<p><b>3.</b></p>	<p><b>KKA Holdings, LLC</b></p> <p>(1) Parcel No. 033-391-606-000 AAB File No. 2019-032 Assessment Year: 2019-2020 Roll Value: \$345,000.00</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-032 (Exhibit D). [21-01-17]</p> <p>(2) Parcel No. 033-392-546-000 AAB File No. 2019-033 Assessment Year: 2019-2020 Roll Value: \$615,389</p> <p><u>Recommended Action:</u> Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-033 (Exhibit E). [21-01-18]</p>

**ADJOURN**

# EXHIBIT A

BOE-305-WD REV. 02 (07-15)



Assessment Appeals Board  
P.O. Box 237  
Bridgeport, CA 93517-0715  
Telephone: 760-932-5530  
Fax: 760-932-5531  
Email: hnnun@mono.ca.gov

## 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 <b>Killion Inter Vivos Trust</b>					HEARING DATE <i>if applicable</i> <b>1/14/2021</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>1380 Poinsettia Ave.</b>					EMAIL ADDRESS	
CITY <b>Vista</b>	STATE <b>CA</b>	ZIP CODE <b>92081</b>	DAYTIME TELEPHONE <b>(760) 727-5102</b>	ALTERNATE TELEPHONE <b>( )</b>	FAX TELEPHONE <b>( )</b>	

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 <b>19-008</b>	PARCEL, ACCOUNT OR TAX BILL NUMBER <b>032-143-312</b>
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

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 <b>12/22/2020</b>
PRINT NAME OF AUTHORIZED SIGNER <b>Michael Middleton</b>	TITLE <b>President</b>
COMPANY NAME <b>Protax LLC</b>	EMAIL ADDRESS <b>tonyad@protaxllc.com</b>

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



# Exhibit B

BOE-305-WD REV. 02 (07-15)



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P.O. Box 237  
Bridgeport, CA 93517-0715  
Telephone: 760-932-5530  
Fax: 760-932-5531  
Email: hnnun@mono.ca.gov

## 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 <b>Killion Inter Vivos Trust</b>					HEARING DATE <i>if applicable</i> <b>1/14/2021</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>1380 Poinsettia Ave.</b>					EMAIL ADDRESS	
CITY <b>Vista</b>	STATE <b>CA</b>	ZIP CODE <b>92081</b>	DAYTIME TELEPHONE <b>(760) 727-5102</b>	ALTERNATE TELEPHONE <b>( )</b>	FAX TELEPHONE <b>( )</b>	

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 <b>19-009</b>	PARCEL, ACCOUNT OR TAX BILL NUMBER <b>032-150-009</b>
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER


ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: \_\_\_\_\_

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### 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 <b>12/22/2020</b>
PRINT NAME OF AUTHORIZED SIGNER <b>Michael Middleton</b>	TITLE <b>President</b>
COMPANY NAME <b>Protax LLC</b>	EMAIL ADDRESS <b>tonyad@protaxllc.com</b>

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

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- 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

# Exhibit C

BOE-305-WD REV. 02 (07-15)



Assessment Appeals Board  
P.O. Box 237  
Bridgeport, CA 93517-0715  
Telephone: 760-932-5530  
Fax: 760-932-5531  
Email: hnuun@mono.ca.gov

## 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 <b>Killion Inter Vivos Trust</b>					HEARING DATE <i>if applicable</i> <b>1/14/2021</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>1380 Poinsettia Ave.</b>					EMAIL ADDRESS	
CITY <b>Vista</b>	STATE <b>CA</b>	ZIP CODE <b>92081</b>	DAYTIME TELEPHONE <b>(760) 727-5102</b>	ALTERNATE TELEPHONE <b>( )</b>	FAX TELEPHONE <b>( )</b>	

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 <b>19-010</b>	PARCEL, ACCOUNT OR TAX BILL NUMBER <b>033-411-005</b>
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

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### CERTIFICATION

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SIGNATURE 	DATE <b>12/22/2020</b>
PRINT NAME OF AUTHORIZED SIGNER <b>Michael Middleton</b>	TITLE <b>President</b>
COMPANY NAME <b>Protax LLC</b>	EMAIL ADDRESS <b>tonyad@protaxllc.com</b>

FILING STATUS

OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_  CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF THE BOARD

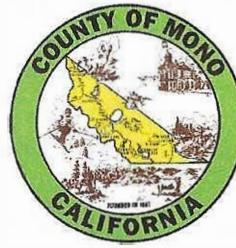


# Exhibit D

BOE-305-WD REV. 02 (07-15)

## ASSESSMENT APPEAL WITHDRAWAL

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



Assessment Appeals Board  
P.O. Box 237  
Bridgeport, CA 93517-0715  
Telephone: 760-932-5530  
Fax: 760-932-5531  
Email: hnuun@mono.ca.gov

### APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT <b>KKA Holdings, LLC</b>					HEARING DATE <i>if applicable</i> <b>1/14/2021</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>23 Corporate Plaza Dr., #247</b>					EMAIL ADDRESS <b>dawn@komarinvestments.com</b>	
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>	DAYTIME TELEPHONE ( )	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 <b>2019-032</b>	PARCEL, ACCOUNT OR TAX BILL NUMBER <b>033-391-606</b>
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: \_\_\_\_\_

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### 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 <b>12/11/2020</b>
PRINT NAME OF AUTHORIZED SIGNER <b>PROTAX LLC -Tonya D'Heilly</b>	TITLE
COMPANY NAME <b>Protax LLC</b>	EMAIL ADDRESS <b>tonyad@protaxllc.com</b>
FILING STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT <input type="checkbox"/> CALIFORNIA ATTORNEY	<input type="checkbox"/> TIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED <input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE
<b>(858) 679-7221 Fax: (858) 679-7221</b>	

### FOR COUNTY BOARD USE ONLY

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ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF THE BOARD

# Exhibit E

BOE-305-WD REV. 02 (07-15)



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## ASSESSMENT APPEAL WITHDRAWAL

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### APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT <b>Xie Family Trust 2009</b>					HEARING DATE <i>if applicable</i> <b>1/14/2021</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>P.O. Box 2077</b>				EMAIL ADDRESS		
CITY <b>Santa Monica</b>	STATE <b>CA</b>	ZIP CODE <b>90406</b>	DAYTIME TELEPHONE <b>( 310 ) 403-9687</b>	ALTERNATE TELEPHONE <b>( )</b>	FAX TELEPHONE <b>( )</b>	

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APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
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CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_  CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF THE BOARD