

MEETING AGENDA

MONO COUNTY ASSESSMENT APPEALS BOARD

Teleconference Only - No Physical Location

Regular Meeting

January 14, 2021 at 9:00 AM

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=anBSeEZYMnI1T2xVWHJFN3JjS2Z YQT09

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

HEARINGS

1. Killion Inter Vivos Trust

(1) Parcel No. 032-143-312-000

AAB File No. 2019-008

Assessment Year: 2019-2020

Roll Value: \$480,000.00

Recommended Action: Direct the Chair to approve the withdrawal

submitted by the applicant for File No. 2019-008 (Exhibit A).

[21-01-13]

(2) Parcel No. 032-150-009-000

AAB File No. 2019-009

Assessment Year: 2019-2020 Roll Value: \$1,500,000.00

Recommended Action: Direct the Chair to approve the withdrawal

submitted by the applicant for File No. 2019-009 (Exhibit B).

[21-01-14]

(3) Parcel No. 033-411-005-000

AAB File No. 2019-010

Assessment Year: 2019-2020

Roll Value: \$650,000.00

Recommended Action: Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-010 (Exhibit C). [21-01-15]

2. Melideo Revocable Family Trust 11-8-13

Parcel #031-211-009-000

File # 2019-012

Assessment Year: 2019-2020

Roll Value: \$483,688.00

Recommended Action: 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]

3. KKA Holdings, LLC

(1) Parcel No. 033-391-606-000

AAB File No. 2019-032

Assessment Year: 2019-2020 Roll Value: \$345,000.00

Recommended Action: Direct the Chair to approve the withdrawal submitted by the applicant for File No. 2019-032 (Exhibit D).

[21-01-17]

(2) Parcel No. 033-392-546-000

AAB File No. 2019-033

Assessment Year: 2019-2020

Roll Value: \$615,389

Recommended Action: Direct the Chair to approve the withdrawal

submitted by the applicant for File No. 2019-033 (Exhibit E).

[21-01-18]

ADJOURN

EXHIBIT A

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: hnunn@mono.ca.gov

APPLICANT AND PROPERTY INFORMATION

			LAST FILL IN THE OTHER				
NAME OF APPLICANT Killion Inter Vivos Trust						HEARING DATE if applicable	
MAILING ADDRESS OF APPLICANT (STREET ADDI	RESS OR P. O. BOX)				EMAIL ADDRESS	1/14/2021	
1380 Poinsettia Ave.							
Vista	CA	92081	(760) 727-510)	FAX TELEPHONE	
I no longer wish to pursue an ast that the Assessment Appeal App	sessment application be w	peal on the prithdrawn.	property, or propertie	s, indicat	ed below and	hereby request	
APPLICATION NUMBER			PARCEL, ACCOUNT		NUMBER) 1	
APPLICATION NUMBER				732-143-312			
THE POST OF NOWIDER			PARCEL, ACCOUNT	OR TAX BILL	NUMBER		
APPLICATION NUMBER	PARCEL, ACCOUNT	OR TAX BILL	NUMBER				
ADDITIONAL AFFECTED A							
An Assessment Appeal Applicate this request, unless the Assesse the assessed value of the prop the Assessor and applicant may	erty. Addition	the applicar	nt a written notice of ounty Board can dec	on into	diam to		
Withdrawals are final and will con				nditional	withdrawala	vill be good to	
	, ,		TIFICATION	mullional	withdrawais	will be accepted.	
I certify that I am authorize	to transport			2000			
I certify that I am authorized	the	Assessmen	is relating to the abo It Appeal Applicatio	ove filing n.	, including th	nis withdrawal of	
SIGNATURE MAIN 175	nam			DATE	(0000		
PRINT NAME OF AUTHORIZED SIGNER					/2020		
Michael Middleton	1000			President			
COMPANY NAME				EMAILAD		A Control of the Cont	
Protax LLC				tonyad@protaxllc.com			
OWNER AGENT ATTORNEY	SPOUSE	REGISTERE	D DOMESTIC PARTNER	CHILD	Правене		
CALIFORNIA ATTORNEY, STATE BAR NUI			DOWLOTIC FARTNER		PARENT	PERSON AFFECTED	
	A CONTRACTOR OF THE PARTY OF TH	R COUNTY	BOARD USE ONLY		RATE OFFICER O	R DESIGNATED EMPLOYEE	
The withdrawal request is accept							
The withdrawal request is denied	. The Assesso	or has delivere	ed a notice of increase		eal will be set fo	or hearing, in which you	
- The state of the date no less	man 40 days	phot to the h	earing date.				
The withdrawal request is denied proceed with an assessment revi	I by the appea ew to determin	als board. In a ne the full valu	accordance with section ue of the property or other	n 1610.8, t her issues	the appeals boo	ard has the authority to	
ATTEST BY COUNTY BOAR	D:						
DATED:							
BY:CHAIRPERSON		-			CLERK OF	THE BOARD	

Exhibit B

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

ASSESSMENT APPEAL WITHDRAWAL

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Assessment Appeals Board P.O. Box 237

Bridgeport, CA 93517-0715 Telephone: 760-932-5530

Fax: 760-932-5531

Email: hnunn@mono.ca.gov

A	PPLIC	ANT AND PROP	ERTY INFORM	ATIO	N				
NAME OF APPLICANT Killion Inter Vivos Trust					***************************************		HEARING DATE if applicable		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR F	0 000						1/14/2021		
1380 Poinsettia Ave.	. O. BOX)				E	MAIL ADDRESS			
CITY	STATE	ZIP CODE DA	YTIME TELEPHONE	ALT	FRNATI	ETELEPHONE	FAX TELEPHONE		
Vista	CA	92081 (760) 727-5102)	- VALE HONE	()		
I no longer wish to pursue an assessme that the Assessment Appeal Application	ent app	peal on the proper thdrawn.	ty, or properties	s, indi	cated	below and	hereby request		
APPLICATION NUMBER			PARCEL, ACCOUNT	OR TAX E	BILL NUN	MBER			
APPLICATION NUMBER					32-150-009				
APPLICATION NUMBER		4/10/10/10	PARCEL, ACCOUNT	OR TAX E	BILL NUM	MBER			
APPLICATION NUMBER PARCE				OR TAX B	BILL NUN	MBER			
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An Assessment Appeal Application may this request, unless the Assessor has the assessed value of the property. A the Assessor and applicant may have a Withdrawals are final and will conclude.	given ddition greed	the applicant a wally, the county to withdraw the a	ritten notice of Board can deci opeal.	an in de to	revie	on to recom ew an asse	mend an increase in essment even though		
Withdrawals are final and will conclude	any fui			nditior	nal w	ithdrawals v	vill be accepted.		
	and the same of th	CERTIFICA							
I certify that I am authorized to tra	nsact the	all business rela Assessment App	ting to the abo eal Application	ve fili 1.	ng, i	ncluding th	is withdrawal of		
SIGNATURE ////////////////////////////////////				DATE 12/	22/2	020			
PRINT NAME OF AUTHORIZED SIGNER Michael Middleton				TITLE					
COMPANY NAME				Pre	eside	nt			
Protax LLC				EMAIL ADDRESS					
FILING STATUS				ton	yade	protaxllc.c	om		
☐ OWNER ☑ AGENT ☐ ATTORNEY ☐ SPO ☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER:	USE	REGISTERED DOM	ESTIC PARTNER	СНІ		PARENT	PERSON AFFECTED		
	FO	R COUNTY BOA	RD USE ONLY				COLORATED LIVIT EOTEL		
☐ The withdrawal request is accepted and				al.					
The withdrawal request is denied. The A will be notified of the date no less than 4	ssesso	r has delivered a no	tice of increase		ppeal	will be set for	r hearing, in which you		
The withdrawal request is denied by the	annea	s board In accord	ance with section	1610. er issi	8, the	appeals boa	ard has the authority to		
proceed with an assessment review to d	etermin	le the full value of the	ie property or oth						
proceed with an assessment review to d ATTEST BY COUNTY BOARD:	etermin	ie the full value of th	e property or oth	01 1000					
ATTEST BY COUNTY BOARD:	etermin	e the full value of the	ne property or oth	01 1330					
proceed with an assessment review to d	etermir	e the full value of tr	ne property or oth	01 1000					

Exhibit C

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: hnunn@mono.ca.gov

A	APPLIC	ANT AND P	PROPERTY	NFORMA	TION			
NAME OF APPLICANT Killion Inter Vivos Trust				323.528			HEARING DATE if applicable 1/14/2021	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR 1380 Poinsettia Ave.	P. O. BOX)				E	EMAIL ADDRESS		
Vista	CA	2IP CODE 92081	(760) 7	27-5102	ALTERNAT	E TELEPHONE	FAX TELEPHONE ()	
I no longer wish to pursue an assessment that the Assessment Appeal Application	ent app n be w	peal on the pithdrawn.	oroperty, or p	properties,	indicated	d below and	hereby request	
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APPLICATION NUMBER		100000000000000000000000000000000000000	PARCE	L, ACCOUNT OF		MBER		
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ADDITIONAL AFFECTED APPLICATION	ATIONS	ARE LISTED	ON ATTACHMI	ENT. NUMB	ER OF PA	GES ATTACH	ED:	
the assessed value of the property. the Assessor and applicant may have Withdrawals are final and will conclude I certify that I am authorized to the	agreed any fu	to withdraw urther action CER	on the appeal. TIFICATION ss relating to	al. No cond	ditional w	vithdrawals v	vill be accepted.	
SIGNATURE MAIL I	the	Assessmer	nt Appeal Ap	oplication.	DATE			
PRINT NAME OF AUTHORIZED SIGNER					12/22/2	2020		
Michael Middleton	7				President			
Protax LLC					tonyad@protaxllc.com			
FILING STATUS	01107							
OWNER AGENT ATTORNEY SP CALIFORNIA ATTORNEY, STATE BAR NUMBER:	OUSE	REGISTER	ED DOMESTIC PA		CHILD	PARENT	PERSON AFFECTED R DESIGNATED EMPLOYEE	
	FC	OR COUNTY	BOARD US			, the of Floring	N DEGIGNATED ENTRED TEE	
The withdrawal request is accepted an	d will co	onclude any fu	urther action o	n the appea	al.			
The withdrawal request is denied. The will be notified of the date no less than	Assess 45 days	or has deliver	red a notice of hearing date.	increase. Y	our appea	al will be set f	or hearing, in which you	
The withdrawal request is denied by the proceed with an assessment review to	ne appe determi	als board. In a	accordance w lue of the prop	ith section perty or other	1610.8, ther issues.	e appeals bo	ard has the authority to	
ATTEST BY COUNTY BOARD:								
DATED:								
BY:CHAIRPERSON						CLERK OF	THE BOARD	

Exhibit D

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

ASSESSMENT APPEAL WITHDRAWAL

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Assessment Appeals Board P.O. Box 237 Bridgeport, CA 93517-0715 Telephone: 760-932-5530

Fax: 760-932-5531 Email: hnunn@mono.ca.gov

APPLICANT AND PROPERTY INFORMATION

KKA Holdings, LLC	3					HEARING DATE if applicable 1/14/2021	
mailing address of applicant (STREET ADDRESS OR P. O. o. 23 Corporate Plaza Dr., #247	BOX)				EMAIL ADDRESS dawn@koma	arinvestments.com	
СПУ	DAYTIME TEL	TIME TELEPHONE		ATE TELEPHONE	FAX TELEPHONE		
Newport Beach	CA 92660	()		()	()	
I no longer wish to pursue an assessment that the Assessment Appeal Application be		property, or p	ropertie	s, indicate	ed below and	hereby request	
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2019-032		033-391-606 PARCEL, ACCOUNT OR TAX BILL NUMBER					
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PRINT NAME OF AUTHORIZED SIGNATURE PROTAX LLC -Tonya E COMPANY NAME Prot ax LLC FILING STATUS POWAY, CA 92064	o'Heilly tonyad@protaxll Ste. 200	nt Appeal Ap		DATE 12/11 TITLE	/2020		
PRINT NAME OF AUTHORIZED SIGNIED PROTAX LLC -Tonya Director of Appeals, to 13029 Danielson St., FILING STATUS OWNER AGENT Poway, CA 92064 (858) 679-7221 Fax:	o'Heilly tonyad@protaxll Ste. 200	nt Appeal Ap	oplicatio	DATE 12/11 TITLE EMAIL AE tonya	/2020 DORESS d@protaxllc.c	com	
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PRINT NAME OF AUTHORIZED SIGNATURE PROTAX LLC -Tonya Director of Appeals, to 13029 Danielson St., FILING STATUS OWNER AGENT Poway, CA 92064 (858) 679-7221 Fax: CALIFORNIA ATTORNEY, Service of the withdrawal request is accepted and will be notified of the date no less than 45. The withdrawal request is denied by the approceed with an assessment review to decay.	FOR COUNT vill conclude any f seessor has delive days prior to the appeals board. In termine the full va	c.com TIC P Y BOARD Usurther action of hearing date. accordance w	PARTNER SE ONL on the application of the properties of the prope	DATE 12/11 TITLE EMAIL AE tonya CHILD CORPO Y peal. Y pon 1610.8,	/2020 DRESS d@protaxllc.c	PERSON AFFECTED OR DESIGNATED EMPLOYEE for hearing, in which you	

Exhibit E

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: hnunn@mono.ca.gov

APPLICANT AND PROPERTY INFORMATION

Xie Family Trust 2009`					11 1180 111-	HEARING DATE if applicable 1/14/2021		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. P. O. Box 2077	O. BOX)				EMAIL ADDRESS			
Santa Monica	STATE		0AYTIMETELEPHONE (310) 403-9687	ALTERN	ATE TELEPHONE	FAX TELEPHONE		
I no longer wish to pursue an assessment that the Assessment Appeal Application			erty, or properties	, indicate	ed below and	hereby request		
APPLICATION NUMBER 19-033				PARCEL, ACCOUNT OR TAX BILL NUMBER 033-392-546				
APPLICATION NUMBER	PARCEL, ACCOUNT O	R TAX BILL I	NUMBER					
APPLICATION NUMBER	PARCEL, ACCOUNT O	OR TAX BILL	NUMBER					
An Assessment Appeal Application may this request, unless the Assessor has go the assessed value of the property. At the Assessor and applicant may have a withdrawals are final and will conclude a light certify that I am authorized to train	be w given ddition greed any fu	rithdrawn at any the applicant a nally, the county to withdraw the orther action on the certification of the certi	time prior to or at written notice of Board can deci appeal. he appeal. No co	the time an inter de to re	e of the hearin ntion to recon eview an asso withdrawals	ng upon submission of nmend an increase in essment even though will be accepted.		
			ppeal Application		, moraumy a	ms witharawar or		
SIGNATURE SUMMER SIGNATURE	rii/s			DATE				
		8		12/22	2/2020			
SIGNATURE PRINT NAME OF AUTHORIZED SIGNER Michael Middleton		N .		DATE				
PRINT NAME OF AUTHORIZED SIGNER Michael Middleton COMPANY NAME Protax LLC		5		12/22 TITLE Presi		com		
PRINT NAME OF AUTHORIZED SIGNER Michael Middleton COMPANY NAME Protax LLC FILING STATUS			OMESTIC PARTNER	12/22 TITLE Presi	dent DDRESS ad@protaxllc.	com ☐ PERSON AFFECTED		
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