

PETITION FOR REVIEW OF NOTICE OF CHANGE

PURSUANT TO A.R.S. §§ 42-16105, 42-16105, 42-16108, 42-16157, 42-16165 & 42-16205

FOR OFFICIAL USE ONLY

INSTRUCTIONS:

- **IN MARICOPA AND PIMA COUNTIES:** File this petition with the **STATE Board of Equalization (SBOE)** located at 100 N. 15th Avenue, Suite 130, Phoenix, AZ 85007.
- **IN ALL OTHER COUNTIES:** File this petition with the **COUNTY Board of Equalization.**
- This petition must be filed within twenty-five days after the date of the Assessor's Notice of Change.
- Provide a copy of any additional information being submitted to either the County or State Board of Equalization. **Keep a copy of this form and all information submitted to the Board for your records.**
- The County or State Board of Equalization must rule on all appeals on or before the third Friday in November. If the petitioner is dissatisfied with the County or State Board of Equalization's decision, an appeal with the Superior Court or Tax Court must be filed within sixty days of any administrative appeal decision.
- **IMPORTANT: PETITIONER MUST COMPLETE SECTIONS 1 THROUGH 11 WHERE APPLICABLE. PLEASE TYPE OR PRINT.**

1. DATE FILED 10/25/13 COUNTY Cochise BOOK / MAP / PARCEL 105 - 04 - 424S

2. PROPERTY ADDRESS OR LEGAL DESCRIPTION: 302 El Camino Real, Sierra Vista, AZ

3. IF MORE THAN ONE PARCEL IS INVOLVED IN THE APPEAL CHECK THIS BOX ATTACH A MULTIPLE PARCEL APPEAL FORM (DOR 82131).

4. USE OF PROPERTY: RESIDENTIAL (OWNER OCCUPIED) RESIDENTIAL (RENTAL) VACANT LAND
 AGRICULTURAL COMMERCIAL / INDUSTRIAL SPECIFY (OFFICE, WAREHOUSE, ETC) medical office

5A. OWNER'S NAME AS SHOWN ON THE NOTICE OF CHANGE
SVRHC Office Complex LLC
14400 Metcalf Avenue
Overland Park, KS 66223

5B. MAIL DECISION TO: (IF DIFFERENT FROM 5A)

6. PETITION COMPLETED BY: (Specify Owner, Agent, Attorney, etc)
 NAME / COMPANY NAME Agent: Jenna Reyes, Property Valuation Services TELEPHONE (913) 239-1059
 ADDRESS 14400 Metcalf Avenue CITY Overland Park STATE KS ZIP _____

AGENTS ONLY: Include a copy of a current Agency Authorization Form (82130AA) with this petition.
 State Board of Appraisal Registration Number 2011057 SBOE Number _____ (PIMA AND MARICOPA COUNTIES ONLY)

7. **BASIS FOR THIS PETITION:** Provide evidence for appealing the Assessor's Notice of Change. Include the book, map and parcel number(s) of other properties used in your appeal. Specify if the appeal is based upon one or more of the following methods of valuation:
 MARKET SALES APPROACH COST APPROACH INCOME APPROACH
Evidence to be presented at a later date. Taxpayer's agent was unable to obtain sq footage or improvement detail prior to the appeal deadline, despite filing a public information request with the county assessor.

	ORIGINAL VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO
8.		0	0	0	0
9.	AMENDED VALUE	584,731	567,840	M	18.1
10.	OWNER'S OPINION OF VALUE	300,000	300,000		

11. I HEREBY AFFIRM THAT ALL THE INFORMATION HEREIN IS TRUE AND CORRECT.
 X Jenna Reyes agent
 SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE
 TELEPHONE (913) 239-1059

IN PIMA AND MARICOPA COUNTIES ONLY: Check here if you want this appeal to be heard "On The Record". This means that neither you nor the Assessor will appear in person before the State Board of Equalization to offer oral testimony. Submit any additional written or typed information with this form.

FOR OFFICIAL USE ONLY	12. COUNTY BOARD OF EQUALIZATION	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO
	13. BASIS FOR DECISION: _____				
DATE RECEIVED	DATE DECISION MAILED	CHAIRMAN OR CLERK OF THE BOARD			

02 10504424S

AUTO

2014 NOTICE OF CHANGE

PHILIP S. LEIENDECKER
COCHISE COUNTY ASSESSOR
PO BOX 168
BISBEE, AZ 85603
(520) 432-8650

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
PHOENIX, ARIZONA
PERMIT NO. 338

See reverse side for definitions and instructions

APPEAL DEADLINE: 10/25/2013

Property located in: COCHISE COUNTY	Tax Year 2014	Parcel ID 02	BK MP Parcel 10504424S	Notice Date 09/30/2013
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LEGAL CLASS	ORIGINAL 2014 VALUE			AMENDED 2014 VALUE		
	Value	ASST. RATIO	ASSESSED VALUE	Value	ASST. RATIO	ASSESSED VALUE
LAND FCV	0	00.0	0	1.12	19.0	19227
IMPR FCV	0	00.0	0	M	17.9	86461
TOTAL FCV	0	00.0	0	M	18.1	105688
LIMITED VALUE	0	00.0	0	1.12	18.1	102478

SECTION: TOWNSHIP: 003 RANGE: ACRES: 0.3630
 LEGAL DESCRIPTION: POR OF SIERRA VISTA MEDICAL SQUARE PER REPORT OF S

SVRHC OFFICE COMPLEX LLC
 C/O PROPERTY VALUATION SERVICES
 14400 METCALF AVE
 OVERLAND PARK, KS 66223

021544-00-0427



FOR VALUATION YEAR 2014

AGENCY AUTHORIZATION FORM

Pursuant to A.R.S. § 42-16001

STATE BOARD OF APPRAISAL REGISTRATION NUMBER 2011057

STATE BOARD OF EQUALIZATION NUMBER _____

- Persons who own, control, or possess property valued by the County Assessor may each year designate an agent to act on their behalf on any matter relating to the review of the valuation and classification of the property before the Assessor or the County or State Board of Equalization.
- This designation of an agent expires at the end of the calendar / valuation year.
- This form or a copy must accompany any petition, Taxpayer Notice of Claim, or response to a Notice of Proposed Correction filed with the Assessor or either Board of Equalization. The original form shall be provided for inspection by the agent on request of the County Assessor, either Board of Equalization, or the Department of Revenue.
- Notices issued by the Assessor or either Board of Equalization relating to the review of the valuation of that property shall be sent to the agent of record.
- A petition for Review of Real Property or Personal Property, a Notice of Proposed Correction, or a Taxpayer Notice of Claim will not be accepted unless the Agency Authorization form accompanying the petition is signed by the person who owns, controls, or possesses the property.

DESIGNATION OF AGENT: (Type or Print)

Property Valuation Services

AGENT / FIRM NAME
Jenna Reyes (913) 239-1059

CONTACT PERSON
14400 Metcalf Avenue TELEPHONE

MAILING ADDRESS
Overland Park, KS 66223 JReyes@propertyvaluationservices.net

CITY, STATE, ZIP _____ EMAIL ADDRESS

DESIGNATION MADE BY: (Type or Print)

SVRHC Office Complex LLC

COMPANY NAME
Bruce Norton, CPA, FHFMA, FACHE Senior VP, Chief Operating Officer

NAME OF PERSON OWNING, CONTROLLING OR POSSESSING PROPERTY OR CONTACT PERSON
300 El Camino Real TITLE

ADDRESS
Sierra Vista, AZ 85635 (520) 417-3001 Bruce.Norton@svrhc.org

CITY, STATE, ZIP _____ TELEPHONE _____ EMAIL ADDRESS

I, the undersigned, hereby designate the above name agent to act on my behalf in all matters pertaining to the review and appeal of real or personal property valuation and classification with the Assessor or the Boards of Equalization. This authorization is limited to the properties listed below and on the attached continuation form(s).

SIGNATURE OF PERSON CONTROLLING OR POSSESSING PROPERTY _____

DATE 10/23/13

PRINT NAME (IF DIFFERENT THAN DESIGNATED ABOVE) _____

PRINT TITLE _____

COUNTY	BOOK-MAP-PARCEL	COUNTY	BOOK-MAP-PARCEL	COUNTY	BOOK-MAP-PARCEL	PERSONAL PROPERTY ASSESSMENT ACCOUNT
2	105-04-424N					
2	105-04-424Q					
2	105-04-424R					
2	105-04-424S					

County Name and Number: (1) Apache (2) Cochise (3) Coconino (4) Gila (5) Graham (6) Greenlee (7) Maricopa (8) Mohave (9) Navajo (10) Pima (11) Pinal (12) Santa Cruz (13) Yavapai (14) Yuma (15) La Paz

NOTE: USE CONTINUATION FORM DOR 82130AAA TO LIST ADDITIONAL PARCELS
DOR 82130AA (10/2012)

Summary Report

Estimate Number : 6074
 Estimate ID : 105-04-424S
 Property Owner : Sierra Vista Medical Square
 Property Address : 302 El Camino Real
 Property City : Sierra Vista
 State/Province : AZ
 ZIP/Postal Code : 85635

Section 1

Occupancy

	<u>Class</u>	<u>Height</u>	<u>Rank</u>
100% Medical Office	Masonry bearing walls	10.00	2.0
Total Area	: 8,299		
Number of Stories (Section)	: 1.00		
Shape	: 2.00		
Effective Age (years)	: 32.00		

Components

	<u>Units/%</u>	<u>Other</u>
Sprinklers:		
Sprinklers	100%	
Land and Site:		
Land	101197	
Site Improvements (undepreciated)	5000	
Cost as of 01/2013		

	<u>Units/%</u>	<u>Cost</u>	<u>Total</u>
Basic Structure			
Base Cost	8299	83.54	693,298
Exterior Walls	8299	18.98	157,515
Heating & Cooling	8299	8.98	74,525
Sprinklers	8299	3.61	29,959
Basic Structure Cost	8299	115.11	955,297
Less Depreciation			
Physical & Functional	80.0%		764,237
Depreciated Cost	8299	23.02	191,060
Miscellaneous			
Land			101,197
Site Improvements			5,000
Total Cost	8299	35.82	297,257
Rounded to Nearest	1000		297,000