



CITY OF NOME
ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal #: 2024-26

This form is for you to appeal the assessed valuation on your property. Complete Sections 1, 2 and 3. Retain a copy for your records, and return or mail the original copy to the City Clerk's Office. Appeals must be returned or postmarked no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

1) I appeal the value of tax parcel #: 0 0 1 . 1 3 1 . 0 1 A

Property legal description: Block 33, Lot 19, Mineral Survey, Other

Print Owner's Name: Norton Sound Health Corporation

Owner's Mailing Address: PO Box 966, Day Phone: 443-3337

Nome, AK 99762, Evening Phone: () 443-3337

Address to which all correspondence should be mailed (if different than above):

C/O Dan Pardee, CFO (same address as above)

2)

Table with 5 columns: Assessor's Value, Land, Bldg, Total, Purchase Date. Row 1: \$27,200, \$488,800, \$516,000. Row 2: Owner's Estimate of Value.

Owner's reason for estimate of value (including inventory corrections, sales of comparable properties, and property income statements, if appropriate). The Appellant bears the burden of proof. Grounds for adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing.

Total Taxable Value should be \$0

Basis for Exemption: AS 29.45.030(a)(3); AS 29.45.030(a)(8); NC 17.20.020(a)(1); Federal Preemption; Sovereign Immunity

See Attached

(PLEASE ATTACH STATEMENT IF YOU NEED MORE SPACE)

3) I hereby affirm that the foregoing information is true and correct, that I have read and understand the guidelines above, and that I am the owner or owner's authorized agent of the property described above.

Signature of owner or authorized agent

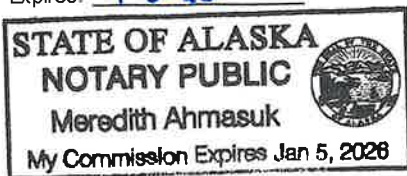
Date signed: 4/12/24

Print Name (if different from item # 1): Angie Gorn

SUBSCRIBED and SWORN to before me this 12 day of April, 2024

NOTARY PUBLIC in and for the STATE of ALASKA: Meredith Ahmasuk

Seal:



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