

2023 OBJECTION TO REAL PROPERTY ASSESSMENT
SDCL 10-11-13 thru SDCL 10-11-42

FORM: PT 17

USE A SEPARATE FORM FOR EACH LEGAL DESCRIPTION - IF BARE AGRICULTURAL LAND, USE PT 17A

APPLICANT INFORMATION

ASSESSED IN NAME OF CORWIN, BERT C & LYDIA M FAMILY TRUST	
MAILING ADDRESS 5048 CARRIAGE HILLS DR RAPID CITY SD 57702	
PROPERTY ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) 21130 LOST CAMP TRL LEAD SD	PHONE NUMBER No Phone Number
COUNTY LAWRENCE	PARCEL NUMBER(S) 26920-00001-002-10
LEGAL DESCRIPTION OF PROPERTY BEING APPEALED - INCLUDE LOT, BLOCK, ADDITION, CITY OR SECTION, TOWNSHIP, AND RANGE Lost Camp Valley Acreage Tract A Lot 10 Blk 2 Plat Bk2 Pg92	

APPEAL NUMBER(S): **County-2023-56**
 REASON(S) FOR APPEALING: **Property Value**
 NOTES: **See attached**

I BELIEVE THE CORRECT FULL AND TRUE VALUE OF SAID PROPERTY ON LEGAL ASSESSMENT DATE WAS:
 BY SIGNING THIS DOCUMENT, I CERTIFY THAT I AM AUTHORIZED TO SIGN AND THAT THE ABOVE INFORMATION IS TRUE
 AND CORRECT.

SIGNATURE DATE: **3/27/2023 7:50:13 AM**

See attached

 TAXPAYER / TAXPAYER ATTORNEY

COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

	ABSTRACT CLASS	ASSESSOR VALUE FROM	LOCAL BOARD TO	COUNTY BOARD TO	CLASSIFICATION FROM	CLASSIFICATION TO	ASSESSOR RECOMMENDED VALUE	ASSESSOR RECOMMENDED CLASSIFICATION
Land AG		\$0						
Bldg AG		\$0						
Land NA & NA OO	NA-C	\$100,630 \$0						
Bldg NA, NA OO, MH and MH OO	NA-C1	\$420,440 \$0 \$0 \$0						
Total EQ		\$521,070						

COUNTY AUDITOR SIGNATURE _____ DATE _____

- **Original copy:** OHE (if appealed to that body) - First copy: retained by county (if appealed to county board)
- **Second copy:** to assessor (if appealed to county board) - Third copy: to objector (after action by local board)

OBJECTION TO REAL PROPERTY ASSESSMENT
(SDCL 10-11-13 thru SDCL 10-11-42)

County of Lawrence
TO BE COMPLETED BY PROPERTY OWNER:

APPEAL NUMBERS:
 Office of Hearing Exam. _____

Assessed in name of: Bert & Sylvia Corwin Trust County Board of Equal 2023-56
 Mailing address: 548 carriage Halls Dr

Rapid City SD 57702 Local Board of Equal _____
 Phone No. 605-431-1757

Legal description of property being appealed (Include lot, block, addition and city or section, township and range):
East Camp Valley Acreage tract A Lot 10 Blk 2 Plat Blk 2 P2 92

(USE SEPARATE FORM FOR EACH LEGAL DESCRIPTION IF BARE AGRICULTURAL LAND - MAY USE PT 17A)

Parcel Number: 26920-0001-002-10

I am appealing the property value _____ abstract class _____
 _____ exempt status _____ owner-occupied status _____

Reason(s) for appealing: 2023 Assessment value is more than the Actual value

I believe the correct full and true value of said property on legal assessment date was: \$ 171,000.00 total value
 \$ _____ land value \$ _____ building value

OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date 3-15-2023 Signature Bert Corwin
 (Taxpayer/Taxpayer Attorney)

TO BE COMPLETED BY LOCAL BOARD OF EQUALIZATION - ACTION BY LOCAL BOARD OF EQUALIZATION:

Abstract Type	No Change to Assessor's Value		Changed Classification		Changed Valuation	
	Assessor's Value From	Assessor's Value To	Local Board From	Local Board To	Classification From	Classification To
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____

Signature _____
 Jurisdiction _____

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

I, _____ make the following recommendation for the current year on the above stated property:

Abstract Type	Assessor's Value		Local Board		Classification		Assessor Recommendation	
	From	To	From	To	From	To	Value	Classif.
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____

Signature _____

TO BE COMPLETED BY COUNTY BOARD OF EQUALIZATION - FINAL VALUE BY COUNTY BOARD OF EQUALIZATION:

Abstract Type	To		Classification	
	From	To	From	To
Abstract Type	\$ _____	\$ _____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____
Abstract Type	\$ _____	\$ _____	_____	_____

Signature _____

County Auditor

PT 17 (5/98)
 Original: OHE (if appealed to that body)
 First copy: retained by county (if appealed to county board)
 McLEOD'S - PT 17T

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