

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**

3:00PM EDT
DISTRICT OF COLUMBIA REAL PROPERTY
TAX APPEALS COMMISSION (DC RPTAC)
Transaction ID: 57848085



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: SNH MEDICAL OFFICE PROPERTIES TRUST *Square: 0140 *Suffix: _____ *Lot: 0913

*Property Address: 1145 19TH ST NW *Tax Class 002-COMMERCIAL *Neighborhood Code CENTRAL
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202.470.3102 E-mail: Steve.Thompson@ryan.com

* Required information

Assessed Value of Tax Years

Last Year <u>2015</u>	Proposed TY <u>2016</u>	First Level Assessment Appeal Decision
Land \$ <u>24,428,300</u>	\$ <u>24,428,300</u>	\$ <u>24,428,300</u>
Building \$ <u>31,679,800</u>	\$ <u>33,855,450</u>	\$ <u>31,388,280</u>
Total \$ <u>56,108,100</u>	\$ <u>58,283,750</u>	\$ <u>55,816,580</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input checked="" type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input checked="" type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input checked="" type="checkbox"/> Disputed Property Record	Explain:

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ 47,175,500

Please state the justification for your appeal. (Attach additional or supporting documents.)

Please see attached for the justification of our appeal.

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone _____ In-Person
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Ryan, LLC - Steve Thompson
Signature: _____
Date (mm/dd/yyyy): 8/19/15
Mailing Address: P.O. Box 34472
City: Washington State: DC Zip: 20043
Phone: 202.470.3102 Email: Steve.Thompson@ryan.com

*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.