

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year

FORM
425

File with the
County Assessor and
County Clerk on or
Before July 15

One parcel per form.

Name and Mailing Address of Person Filing Report		County Name <u>Dodge</u>	Filed _____, 20____
Name <u>Steven G. Ferguson</u>		Destroyed Report Number (Optional for County Use Only)	
Street or Other Mailing Address <u>273 Co Rd 19</u>		Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Hooper</u>	State <u>NE</u>	Zip Code <u>68031</u>	Property ID Number <u>270116368</u>
Phone Number <u>402-567-2204</u>	Cell <u>402-459-0782</u>		Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>SE 1/4 Sec 12 20 7 NW</u>
Email Address <u>steveferguson220@gmail.com</u>		Situation Address of Property, if Different than Address Above	

Reasons for Requested Reassessment Due To Significant Damage

Date of Damage: 5-12-23

Damage Occurred to:
 Land Buildings

Significant Damage Due to:
 Flood Fire Tornado Earthquake Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.
Grain bin totally destroyed, Machine shed completely destroyed
House + ALL out buildings received significant Roof + wall
Including windows broken out. 30x50 not insured. damages

Attach Supporting Documents: include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign here Steven Ferguson 5-26-23
 Signature of Person Filing the Report of Destroyed Real Property Date

For County Board of Equalization Use Only

Granted Partially Granted Denied

Current Year Assessed Value		Reassessment Value	
Land	<u>261,738</u>	Land	<u>261,738</u>
Buildings	<u>102,804</u>	Buildings	<u>41,049</u>
Total	<u>364,542</u>	Total	<u>302,787</u>

Comments:
Remove outbuilding value. Remove \$25,768 of dwlg value.

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson _____ Date _____

County Clerk Certification

Date the Report was Heard _____ Date of the Decision _____ Date Notice of Decision was Mailed to Property Owner _____

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk _____ Date _____

20 PP



PROPERTY WIND/HAIL WORKSHEET

DATE 06/08/2023 ADJUSTER Kenny Kadavy FILE 375316 CLAIM # P2304235

Issue check to : **INSURED** FERGUSON, STEVEN G

And Mail To:

MORTGAGE COMPANY _____

AGENT

OTHER _____

INSURED

AGENCY # 485 FID# _____

PAYEE

POLICY # FG851081 LOSS LOCATION & BARBARA ...

ADJUSTER

DWELLING INFORMATION

ROOF TYPE:		DAMAGE FOUND:	
ROOF PITCH:	ROOF HEIGHT:	ROOF:	
ROOF COVERAGE:	LAYERS:	SIDING:	
DECKING TYPE:	DWELLING COVERAGE:	GUTTERS:	
DEDUCTIBLE:	SIDING TYPE:	WINDOWS:	
PHOTOS:	ACCESS ISSUES:	DOORS:	
SHINGLE AGE: (approximated based on the physical condition)		AC UNIT:	
		OUTBUILDINGS:	
		FENCES:	

ADDITIONAL COMMENTS:

* Revision* Item 001 Stormor 18000 BU bin was missed on the first worksheet. The bin is completely gone. There was also damage to a wood burning furnace attached by line to the dwelling. Please issue a check for the bin total loss and to the repair of the wood burning unit.

PAYMENT SUMMARY	DEDUCTIBLE	AMOUNT	RESERVE	SC
Structure - Revision (Farmers Mutual of Ne...				
011-METAL GRAIN BIN / STORAGE BIN-LOC 01		\$18,000.00	\$0.00	7
001-DWELLING-LOC 01		\$500.00	\$0.00	
	TOTALS	\$18,500.00		

COPY OF THIS FORM GIVEN TO INSURED? Yes No AGENT

Does any of the property included in this settlement have a mortgage other than as shown on the Declarations page? Yes No
Any other insurance? Yes No Sold or contracted for sale? Yes No If yes to any of these questions, please explain.

DATE OF FIRST CONTACT _____ CALENDAR _____
THINGS LEFT TO BE DONE _____ INSURED SIGNATURE _____