2 day 225. Note: 0006 07002555-1     Country Assessor     YetTERANS: ORGANIZATION EXEMPTION     ASSESSORS TILLO INSPECTION REPORT     SUPELEMENTAL ASSESSMENT     Information for Property No		all stade on	Gus Kramer
In ECOLLAR ASSESSMENT       http://www.cocounty.up/assessor         SUPPRE_MATAL ASSESSMENT	OE-269 <b>VE</b>	P-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION	2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488
SUPPLEMENTAL ASSESSMENT         Information for Property No.       Year:         Name of organization         Address of this property		REGULAR ASSESSMENT	
Name of organization         Address of this property         Owner only       Owner only         Owner only       Owner only         If daimant is wore, name of operator is         If daimant is primarity:         (check only one)       1. charitable         2. other fexpand         a. daiministration       e. fratemal and logge meetings         i. no commercial       f. f. und raising         i. c. educational       g. hospital         c. deimatic primarity:       i. medical (not hospital)         j. c. educational       g. hospital         d. f. darming       h. housing         i. administration       e. fratemal and logge meetings         i. f. und raising       j. recreational         d. c. educational       g. hospital         d. c. educational       g. hospital         d. dating       i. informational         d. no other (explain)       c. in excess of that resonably necessary         d. used to house presence is not institutionally necessary       d. used to house personnel whose presence is not institutionally necessary?         f. in your opinion are services and expenses excessive?       Yes         f. answer is no, explain:       property (as of applicable lien dato) is recorded in exact name of claimant         f. move opi			
Address of this property			
□ Owner only       □ Owner-Operator       Date of last inspection of property         If daimant is operator, name of owner is	Na	me of organization	
If dalmant is owner, name of owner is         If dalmant is operator, name of owner is         Claimant is primarity:         (check only one)       1. tharitable         2. Other of the primary activity the property is used for is: (check only one)         1. The primary activity the property is used for is: (check only one)         1. a administration       Image: Instantian on the instant on the instantian on the instant on the insta	Ad	(street, city, zip co	de)
If claimant is operator, name of owner is         A. Calimant is primarily: (check only one)       1. charitable       2. other (explain)         B. Use of property         1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         a. administration       e. fraternal and lodge meetings       i. medical (not hospital)         b. commercial       f. thun raising       j. recreational         c. ducational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         b. Other activities the property is used for are: a. List letters used in B1       b. Other (explain)         3. All or part (write in all or part where applicable) of the property is: a. leased or rented       d. used to house presonnel whose presence is not institutionally necessary       d. used to house personnel whose presence is not institutionally necessary         C. Operation of property for bonefit of persons       i. versons of that reasonably necessary?       Yes       No         if answer is yee, explain:			
A. Claimant is primarily:			
(check only one)       1. charitable       2. other (explain)         B. Use of property       1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         B. doministration       e. fratemal and lodge meetings       i. medical (not hospital)         C. downercial       g. hospital       j. recreational         C. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       c. in excess of that reasonably necessary       d. used to house personnel whose presence is not institutionally necessary         3. All or part (write in all or part where applicable) of the property is: a leased or rented       b. vacant or unused       c. in excess of that reasonably necessary         1. In your opinion are services and expenses excessive?       Yes       No         1f answer is yee, explain:       Yes       No         2. In your opinion are balaments proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         10 able of change in ownership       Desconstruction       Recorded       Yes       No         12. Bate of c			
1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         a. administration       c. fatternal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         m. other (explain)       .       .         2. Other activities the property is used for are: a. List letters used in B1       .         b. Other(explain)       .       .         3. All or part (with in all or part where applicable) of the property is: a leased or rented       .         b. vacant or unused       c. in excess of that reasonably necessary       .         c. No paration of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?		(check only one) 1. charitable 2. other (explain)	
a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. ducational       g. hospital       j. recreational         d. farming       h. housing       l. informational         m. other (explain)       .       .         3. All or part (write in all or part where applicable) of the property is: a leased or rented	В.		
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)			
m. other (explain)         2. Other activities the property is used for are: a. List letters used in B1         b. Other(explain)         3. All or part (write in all or part where applicable) of the property is: a. leased or rented         b. vacant or unused		b. commercial     Image: f. fund raising       c. educational     Image: g. hospital	<ul><li>j. recreational</li><li>k. rehabilitation</li></ul>
2. Other activities the property is used for are: a. List letters used in B1			
b. Other(explain)         3. All or part (write in all or part where applicable) of the property is: a. leased or rented         b. vacant or nursed			
b. vacant or unused       c. in excess of that reasonably necessary       d. used to house personnel whose presence is not institutionally necessary         C. Operation of property for benefit of persons       in your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:			
house personnel whose presence is not institutionally necessary         C. Operation of property for benefit of persons         1. In your opinion are services and expenses excessive?         If answer is yes, explain:         2. In your opinion do operations enhance anyone's private gain?         If answer is yes, explain:         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?         If answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         If answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         Ownership in name of claimant's name):         1. Date of change in ownership         Recorded         Yes         No         Ownership in name of claimant?         2. Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         Action for exemption from Supplemental Assessment was filed with Assessor			
C. Operation of property for benefit of persons       In your opinion are services and expenses excessive?       In your opinion are services and expenses excessive?       In your opinion are services and expenses excessive?         If answer is yes, explain:       In your opinion do operations enhance anyone's private gain?       Ives       No         If answer is yes, explain:       In your opinion is the claimant's proposed new capital investment, if any, necessary?       Ives       No         If answer is no, explain:       Image: complete address in the claimant's proposed new capital investment, if any, necessary?       Ives       No         If answer is no, explain:       Image: complete address in the claimant's proposed new capital investment, if any, necessary?       Ives       No         If answer is no, explain:       Image: complete address in the claimant's proposed new capital investment, if any, necessary?       Ives       No         If answer is no, explain:       Image: complete address including iterations and the property (as of applicable lien date) is recorded in exact name of claimant       Ives       No         If answer is no, explain:       Image: complete address including iterations and iterations andetail       Iterations and iterat		b. vacant or unused c. in excess of that reasonably	necessary d. used to
1. In your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:       Yes       No         2. In your opinion do operations enhance anyone's private gain?       Yes       No         If answer is yes, explain:       Yes       No         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:       Did owner file an exemption claimant       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         E       Supplemental Assessment (in claimant's name):       No       No       Ownership in name of claimant?       Recorded       Yes       No         2. Date of completion of new construction       Explain what was constructed       So       No       So       No       N			
2. In your opinion do operations enhance anyone's private gain?       I yes I No         If answer is yes, explain:       I your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes No         If answer is no, explain:       I yes on explain:       I yes No         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes No         If answer is no, explain:       I of where the property (as of applicable lien date) is recorded in exact name of claimant       Yes No         E. Supplemental Assessment (in claimant's name):       Did owner file an exemption claim?       Yes No         0. Ownership in name of claimant?       Recorded       Yes No         0. Date of completion of new construction       Explain what was constructed       Explain what was constructed         3. Date put to exempt use       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail       In Not mailed         4. Notice: date mailed       If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed with Assessor       In Not mailed         5. Date claim for exemption from Supplemental tax bill becomes (became) delinquent       In Not mailed         6. Date first installment of supplemental tax bill becomes (became) delinquent       Image: Claim for exemption for the property located at         (give complete address including zip code) </td <td></td> <td>1. In your opinion are services and expenses excessive?</td> <td></td>		1. In your opinion are services and expenses excessive?	
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:		2. In your opinion do operations enhance anyone's private gain?	
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         If answer is no, explain:		3. In your opinion is the claimant's proposed new capital investment, if any, neces	
E.       Supplemental Assessment (in claimant's name):       1.       Did owner file an exemption claim?       Yes       No         1.       Date of change in ownership	D.	Ownership of real property (as of applicable lien date) is recorded in exact name	
E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership		•	ner file an exemption claim?   Yes  No.
Ownership in name of claimant?         2. Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         a. Date put to exempt use         b. Date put to exempt use         c. Date claim for exemption from Supplemental Assessment was filed with Assessor         c. Date first installment of supplemental tax bill becomes (became) delinquent         F. A claim for veterans' organization exemption on this property:         1. was filed last year       Yes         No       2. is new this year         Yes       No         3. was not filed last year, but claimed on another property located at	E.	Supplemental Assessment (in claimant's name):	·
<ol> <li>Date of completion of new construction</li></ol>			
<ul> <li>3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail</li> <li>4. Notice: date mailed Not mailed</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>7. A claim for veterans' organization exemption on <i>this</i> property: <ul> <li>1. was filed last year</li> <li>Yes</li> <li>No</li> <li>Xeas not filed last year, but claimed on another property located at</li></ul></li></ul>		2. Date of completion of new construction	
<ul> <li>4. Notice: date mailed</li></ul>		3. Date put to exempt use	If only a portion of the property is put to an
<ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li></ul>			
<ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>			
F. A claim for veterans' organization exemption on this property:         1. was filed last year       Yes         No       2. is new this year         Yes       No         3. was not filed last year, but claimed on another property located at			
<ol> <li>was filed last year Yes No</li> <li>is new this year Yes No</li> <li>was not filed last year, but claimed on another property located at</li></ol>	F.		
3. was not filed last year, but claimed on another property located at		1. was filed last year  Yes  No 2. is new this year  Yes  No	
G. Recommendation: 1. Approval 2. Denial (part) (all) Reason for denial (if partial denial, identify specific area to be denied) Date Inspection for, Assessor		<ol> <li>was not filed last year, but claimed on another property located at</li> </ol>	
Reason for denial (if partial denial, identify specific area to be denied)   Date, Assessor	G.		
Date, Assesso		Reason for denial (if partial denial, identify specific area to be denied)	
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