SUPPLEMENTAL ASSESSMENT assessor@nevadacountyca.gov Information for Property No. Year:	-269-FIR-R02-0308-29000061-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EX ASSESSOR'S FIELD INSPECTION		Rolf D. Kleinhans Nevada County Asso 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-790 Telephone (530) 265-1232	
Name of organization Address of this property		Year		a.gov
Address of <i>this</i> property Immed. cor, top code) Owner only Operator only Owner-Operator Date of last inspection of property If claimant is operator, name of owner is A Claimant is primarity: (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) 1. 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) D. to commercial g. hospital h. rehabilitation D. d. farming h. housing L. informational D. other (explain) c. in excess of that reasonably necessary d. used to house presonel whose presence is not institutionally necessary J. Not primer with the splatist proposed new capital splain: . i. in your opinion do operations enhance anyone's private gain? If answer is no, explain: . . in your opinion do operations enhance anyone's private gain? If answer is no, explain: . . Did owner file an exemption claim? Yes N If answer is no, explain: . . Did owner file an exemption of the property is put to a exemption of the property is put to a exemption of the construction . . .				
□ Owner only □ Owner Operator only □ Owner-Operator If claimant is owner, name of owner is	Address of <i>this</i> property			
If daimant is operator, name of owner is If daimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. Charitable 2. Note: 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)		(stree	et, city, zip code)	
If claimant is operator, name of owner is 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) a. administration c. fratemal and lodge meetings i. medical (not hospital) b. commercial c. find raising j. recensentional c. ducational g. hospital k. rehabilitation d. farming h. housing l. informational d. farming 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 1. in your opinion are services and expenses excessive? Yes l. In your opinion are services and expenses private gain? If answer is yes, explain: Yes N 1. In your opinion are services and expenses excessive? Yes N If answer is no, explain: Downership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N 1. In your opinion is the claimant's name): Did owner file an exemption claim? Yes N 1. In some of elaimant's name): Did owner file an exemption claim? Yes <td></td> <td></td> <td></td> <td></td>				
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) a. administration e. fratemal and lodge meetings i. medical (not hospital) b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational c. draming h. housing l. informational d. m. other (explain) c. usess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary d. house personnel whose presence is not institutionally necessary l. used to runused vess in that reasonably necessary? C. Operation of property for benefit of persons l. in your opinion ot services and expenses excessive? l. wes in N f answer is yes, explain: l. in your opinion the property (as of applicable lien date) is recorded in exact name of claimant l. wes in N f answer is	-			
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1. The primary activity the property is used for is: (check only one) a. administration b. commercial f. fund raising j. recreational k. rehabilitation d. farming h. housing l. informational b. Other (explain) All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or nunsed c. in excess of that reasonably necessary d. used to house presence is not institutionally necessary Ves	(check only one) 📋 1. charitat	ole 2. other (<i>explain</i>)		
b. commercial f. fund raising 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 b. Other(explain) c. in excess of that reasonably necessary d. used to b. Vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary Yes N c. Operation of property for benefit of persons Yes Yes N 1. In your opinion are services and expenses excessive? Yes N if answer is yee, explain: Yes N Yes N if answer is no, explain: Yes N Yes N if answer is no, explain: Did owner file an exemption claim? Yes N f answer is no, explain: Did owner file an exemption claim? Yes N f answer is no, explain: Did owner file an exemption claim? Yes N f answer is no, explain: Did owner file an exemption claim? Yes N Ownership in name of claimant?		perty is used for is: (check only one)		
□ 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 c. educational	☐ f. fund raising ☐ g. hospital	j. recreational k. rehabilitation	pital)
 2. Other activities the property is used for are: a. List letters used in B1				
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 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 I in your opinion are services and expenses excessive? Yes N If answer is yes, explain: Yes N 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes N If answer is no, 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 to operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion to 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: D. Date of change in ownership Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed 3. Date put to exempt use If only a portion of the property is put to a exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemptio	3. All or part (write in all or part	<i>t where applicable)</i> of the property is: a	. leased or rented	
1. In your opinion are services and expenses excessive? Yes N If answer is yee, 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? Yes If answer is no, explain: Yes D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes If answer is no, explain: Did owner file an exemption claim? Yes P. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N If answer is no, explain: Did owner file an exemption claim? Yes N E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership Recorded Yes N Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed So N 3. Date put to exempt use If only a portion of the property is put to a exempt use, describe exempt and nonexempt portions in detail In one exempt use Not mail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mail Not mail 5. Date claim for veterans' organization exemption on this property: 1. was filed last year Yes No 6. Recommendation: 1. Approval (aii) (aii) (par	1. In your opinion are services a	and expenses excessive?		🗌 Yes 🗌 No
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes N If answer is no, explain:	2. In your opinion do operations	enhance anyone's private gain?		Yes No
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N If answer is no, explain:	3. In your opinion is the claimar	nt's proposed new capital investment, if a	ny, necessary?	Yes No
E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership	D. Ownership of real property (as	of applicable lien date) is recorded in e	xact name of claimant	🗌 Yes 🗌 No
 E. Supplemental Assessment (in claimant's name): Date of change in ownership			_ Did owner 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. Notice: date mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. 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 3. was not filed last year, but claimed on another property located at (give complete address including zip code) G. Recommendation: 1. Approval (all) (all) Reason for denial (if partial denial, identify specific area to be denied)		claimant's name):		
 Date of completion of new construction				
 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 4. Notice: date mailed Not mail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on <i>this</i> property: was filed last year Yes No is new this year Yes No G. Recommendation: 1. Approval	Date of completion of new co	Instruction		
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 F. A claim for veterans' organization exemption on this property: was filed last year Yes No is new this year Yes No G. Recommendation: Approval (all) <li< td=""><td>5. Date claim for exemption from</td><td>m Supplemental Assessment was filed w</td><td>ith Assessor</td><td></td></li<>	5. Date claim for exemption from	m Supplemental Assessment was filed w	ith Assessor	
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				
3. was not filed last year, but claimed on another property located at	-			
G. Recommendation: 1. Approval 2. Denial (all)				
G. Recommendation: 1. Approval 2. Denial (all)	3. was not filed last year, but cla	aimed on another property located at	(give complete address including zip	o code)
Date, Assess	G. Recommendation: 1. Approva	(<i>all</i>)	2. Denial (part)	(all)
· · ·	Reason for denial <i>(if partial denia</i>			
	Date	I		

