EIGULAR ASSESSMENT www.sigov.org/assessor_recorder SUPPLEMENTAL ASSESSMENT Year: Information for Property No. Year: Owner only Operator only Owner-Operator Date of his property Information for Property Information for Property If claimant is operator, name of owner is Information for Property Information for Property If claimant is operator, name of owner is Information for Property Information for Property If claimant is operator, name of owner is Information for Property Information for Property If claimant is operator, name of owner is Information for Property Information for Property If claimant is operator, name of owner is Information for Property Information for Property If claimant is operator is Information for Property Information for Property If claimant is operator is Information for Property Information for Property If claimant is operator is Information for Property Information for Property If answer is yee, explaim Information for Property for benefit of persons Information for Property for benefit of persons If no your opinion for the claimant's proposed new capital investment, if any, necessary? Informasetis yee, e	DE-269 VE	-FIR-R02-0308-39000734-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMI SESSOR'S FIELD INSPECTION RE	-	SOAQUIN COLUMN SOAQUIN COLUMN COLUMN COLUMN COLUMN	Kenneth W. Blakemo Assessor-Recorder- County of San Joaquin 44 N San Joaquin Street St Stockton, CA 95202-3273 Exemption Section: (209) 4	County Clerk	
Name of organization Address of this property Cover only Operator only Owner-Operator Date of last inspection of property If claimant is owner, name of owner is		SUPPLEMENTAL ASSESSMENT	Vear				
Address of this property							
□ Owner only □ Owner-Operator □ Date of last inspection of property If claimant is owner, name of owner is	Ad	dress of <i>this</i> property					
If claimant is owner, name of operator is 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) i. medical (not hospital) b. commercial c. fratemal and lodge meetings i. medical (not hospital) c. educational g. hospital k. rehabilitation c. ducational g. hospital k. rehabilitation d. farming h. housing l. informational m. other (explain) c. in excess of that reasonably necessary d. us 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 d. us house personnel whose presence is not institutionally necessary cl us thouse presentif of persons l. vacant or unused 1. In your opinion are services and expenses excessive? l. vacant or unused ves f. answer is no, explain: l. vacant or unused ves ves 1. In your opinion to the claimant's proposed new capital investment, if any, necessary? l. ves l. as one explain: <		Owner only Operator only	Owner-Operator F	(street, city, zip c ate of last inspection o	^{ode)}		
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) b. commercial c. f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational v. d. drarming h. bousing l. informational b. Other explain) c. educational g. hospital c. ducational g. hospital l. informational d. drarming h. bousing l. informational b. other(explain) c. in excess of that reasonably necessary d. us b. vacant or unused c. in excess of that reasonably necessary d. us b. vacant or unused c. in excess of that reasonably necessary d. us house personnel whose presence is not institutionally necessary g. use g. use 1. In your opinion do operations enhance anyone's private gain? g. ves g. use 1. In your opinion is the claimant's proposed new capital investment, if any, necessary? g. ves f fanswer 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. J. commercial f. fund raising j. recreational C. educational g. hospital k. rehabilitation C. educational g. hospital k. rehabilitation D. ther (explain) 2. 0 ther activities the property is used for are: a. List letters used in B1 b. other(explain) 2. Other activities the property is used for are: a. List letters used in B1 b. other(explain) c. in excess of that reasonably necessary d. us 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 d. us house personnel whose presence is not institutionally necessary 1. In your opinion are services and expenses excessive? Yes ff answer is yes, explain:							
(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. commercial c. fund raising j. recreational c. ducational g. hospital k. rehabilitation c. ducational g. hospital k. rehabilitation c. ducational g. hospital k. rehabilitation d. farming h. housing l. informational m. other (explain) c. on excess of that reasonably necessary d. us b. Vacant or unused c. in excess of that reasonably necessary d. us house personnel whose presence is not institutionally necessary c. us chart or unuse d. us house opticinon are services and expenses excessive? Yes franswer is yes, explain: 1. In your opinion on set hacidament's proposed new capital investment, if any, necessary? Yes If answer is no, explain: Did ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes 1. Bate of change in ownership capital Assessment (in claimant's name); Did owner file an exemption claim? Yes 1. Date of change in ownership capital Assessment was filed		•					
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 m. other (explain) c. in excess of that reasonably necessary d. us b. Other(explain) c. in excess of that reasonably necessary d. us house personnel whose presence is not institutionally necessary c. us d. us franswer is yes, explain: c. in excess of that reasonably necessary d. us nu option of property for benefit of persons l. in your opinion is estrices and expenses excessive? Yes if answer is yes, explain: gain? Yes Yes if answer is no, explain: Did owner file an exemption claimant Yes Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes franswer is no, explain: Did owner file an exemption claim? Yes 0. Wonership of real property (as of applicable lien date) is recorded in exact name of claimant Yes 0. Date of change in owner	73.		2. other (explain)				
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 m. 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 c. in excess of that reasonably necessary . c. Operation of property for benefit of persons . . 1. In your opinion are services and expense excessive?	В.	Use of property					
b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational m. other (explain) c. envessed for are: a. List letters used in B1 i. informational b. Other activities the property is used for are: a. List letters used in B1 i. informational b. Other (explain) c. in excess of that reasonably necessary d. use house presence is not institutionally necessary c. Operation of property for banefit of persons l. use yes, explain: ves 1. In your opinion do operations enhance anyone's private gain? l. yes if answer is yes, explain: ves l. yes 2. In your opinion is the claimant's proposed new capital investment, if any, necessary? l. yes if answer is yes, explain: Did owner file an exemption claim? lyes D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant lyes Ves 1. name of claimant? Did owner file an exemption claim? lyes 2. Date of change in ownership mamet? did owner file an exemption of the property is pue exempt use, describe exempt and nonexempt portions in detail dian for exemption for Supplemental Assessment was filed with Assessor		1. The primary activity the property	is used for is: (check	only one)			
 2. Other activities the property is used for are: a. List letters used in B1		 b. commercial c. educational d. farming 	☐ f. fund raising☐ g. hospital☐ h. housing		j. recreational	bital)	
3. All or part (write in all or part where applicable) of the property is: a. leased or rented		2. Other activities the property is used for are: a. List letters used in B1					
b. vacant or unused c. in excess of that reasonably necessary d. us house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons \rightarrow is yes, explain: \rightarrow is yes, explain: 1. In your opinion do operations enhance anyone's private gain? \rightarrow is yes, explain: \rightarrow is yes, explain: 3. In your opinion do operations enhance anyone's private gain? \rightarrow is yes, explain: \rightarrow is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? \rightarrow Yes If answer is no, explain:		,					
C. Operation of property for benefit of persons \refsilon Is in your opinion are services and expenses excessive? \refsilon Is 1. In your opinion are services and expenses excessive? \refsilon Is \refsilon Is 2. In your opinion is the operations enhance anyone's private gain? \refsilon Is 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? \refsilon Yes If answer is yes, explain:		b. vacant or unused	c. in exc	ess of that reasonably	necessary	d. used to	
2. In your opinion do operations enhance anyone's private gain? Yes If answer is yes, explain:		C. Operation of property for bene1. In your opinion are services and	fit of persons expenses excessive?			Yes No	
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes If answer is no, explain:		2. In your opinion do operations enl	nance anyone's private	gain?		Yes No	
b. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes E. Supplemental Assessment (in claimant's name): Recorded Yes 1. Date of change in ownership Recorded Yes Ownership in name of claimant? Recorded Yes 2. Date of completion of new construction Explain what was constructed If only a portion of the property is pu exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Notice: date mailed Notice: date mailed Notice: 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 2. is new this year Yes 6. Recommendation: 1. Approval (all) (all) (part) (all) Reason for denial (if partial denial, identify specific area to be denied)		3. In your opinion is the claimant's p	proposed new capital in	vestment, if any, neces	5	🗌 Yes 🗌 No	
E. Supplemental Assessment (in claimant's name): Recorded Yes 1. Date of change in ownership Recorded Yes Ownership in name of claimant? Supplemental Assessment (in claimant? Recorded Yes 2. 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 exemption from Supplemental Assessment was filed with Assessor If only a portion of the property is put exempt in 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 not filed last year 3. was not filed last year, but claimed on another property located at	D.				e of claimant	□ Yes □ No	
1. Date of change in ownership				Did ow	ner file an exemption claim?	🗌 Yes 🗌 No	
 2. Date of completion of new construction	E.	1. Date of change in ownership				🗌 Yes 🗌 No	
 3. Date put to exempt use If only a portion of the property is puexempt use, describe exempt and nonexempt portions in detail		2. Date of completion of new constr	ruction				
 4. Notice: date mailed Notice: date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property:		3. Date put to exempt use			If only a portion of the pro-	operty is put to an	
 5. Date claim for exemption from Supplemental Assessment was filed with Assessor							
 6. Date first installment of supplemental tax bill becomes (became) delinquent							
 was filed last year Yes No was not filed last year, but claimed on another property located at		6. Date first installment of suppleme	ental tax bill becomes (became) delinquent			
3. was not filed last year, but claimed on another property located at	F.	• • • • • •					
G. Recommendation: 1. Approval (all) 2. Denial (part) (all) (partial denial, identify specific area to be denied) (all)							
G. Recommendation: 1. Approval 2. Denial (part) (all) Reason for denial (if partial denial, identify specific area to be denied) (all)		3. was not filed last year, but claime	ed on another property	located at	(give complete address including zin	code)	
					ial	(all)	
By, E		Date		ction for		, Assesso	

