EF-263-A-R07-0617-51000467-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



TODD L. RETZLOFF, CCIM SUTTER COUNTY

1190 Civic Center Blvd. Yuba City, CA 95993 Telephone (530) 822-7160 FAX (530) 822-7198 www.suttercounty.org/assessor Email: assessor@co.sutter.ca.us

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

| L | with the Assessor within 120 days of the commencement date of the lease. | | | | |
|---|--|------------------------------|---------------------------|--|--|
| IDENTIFICATION OF APPLICANT | | | | | |
| LESSOR'S CORPORATE OR ORGANIZATION NAME | | | | | |
| MAILING ADDRESS | | | | | |
| | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| CORPORATE ID (IF ANY) | | | | | |
| DENTIFICATION OF PROPERTY | | | | | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | | FISCAL YEAR OF CLAIM 20 = 20 | | | |
| CITY, COUNTY, ZIP CODE ASSESSOF | | | EL NUMBER | | |
| USE OF PROPERTY ✓ Check and state the | primary and incidental qualifying uses of the pro | pperty. | | | |
| | property: (if there are numerous properties, pleat property and the name and address of | se attach a list that clearl | y identifies the | | |
| PROPERTY TYPE PRIMARY USE | | INCIDENT | INCIDENTAL USE | | |
| Land | | | _ | | |
| ☐ Buildings and Improvements | | | | | |
| ☐ Personal Property | | | | | |
| Yes No The lease confers upon the less | see the exclusive right to possession and use of | the property. | | | |
| | stitution is one whose property qualifies for the ge, state university, University of California, or no | | | | |
| Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum. | | | | | |
| | see attests to the above statement(s) is provided. ent for the exemption. A separate affidavit is requ | | te the lessee's affidavit | | |
| | CERTIFICATION | | | | |
| | der the laws of the State of California that the for s or documents, is true and correct to the best of | | | | |
| SIGNATURE OF PERSON MAKING CLAIM | | | | | |
| NAME OF PERSON MAKING CLAIM | | | TITLE | | |
| EMAIL ADDRESS | DAYTIME TELEPHONE | <u> </u> | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

| NAME OF OUR LEVINO LEGO | AFFIDAVII FOR EXECT | UTION BY QUA | ALIFYING INSTITUTION | UNAL LESSEE | |
|---|--|---------------------------------|------------------------------|---|--|
| NAME OF QUALIFYING LESS | EE INSTITUTION | | | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| | | | | | |
| ✓ Check the type of qua | alifying use of the property | | | | |
| ☐ FREE PUBLIC LIBRARY ☐ COMMUNIT | | Y COLLEGE | UNIVERSITY OF CALIFORNIA | | |
| ☐ FREE MUSEUM ☐ STATE COL | | EGE NONPROFIT COLLEGE | | | |
| ☐ PUBLIC SCHOOL ☐ STATE UNIV | | /ERSITY | | | |
| NAME OF LESSOR | | | | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| COMMENCEMENT DATE OF LEASE | | DATE PROPERTY PUT TO EXEMPT USE | | | |
| | ΡΙ ΕΔΩΕ ΔΤΤ | | F THE LEASE AGREEM | ENT . | |
| | I LLAGE ATT | ACITA COL I OI | THE LEASE AGNEEM | LIVI | |
| | | | | | |
| The following property is etc. Attach a separate list | | year. If personal p | property is being leased, in | ndicate the type, make, model, serial number, | |
| PROPERTY TYPE (REAL OR PERSONAL) | | PROPERTY DESCRIPTION | | | |
| (NEXTERNATE) | | | | | |
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| | | | | | |
| | | 4 4la a a a a a 4 4la a 1 a | | shows are and described in the lease for MA | |
| | ar) or any other nominal sum. | t the end of the le | ease term of acquiring the | above property described in the lease for \$1 | |
| | | CERTIFIC | CATION | | |
| | r penalty of perjury under the loompanying statements or doc | | | oing and all information hereon, including any y knowledge and belief. | |
| SIGNATURE OF PERSON MAKING | CLAIM | | | DATE | |
| NAME OF PERSON MAKING CLAIM | | | | TITLE | |
| EMAIL ADDRESS | | | | DAYTIME TELEPHONE | |
| LIVIALADDINESS | | | | / | |

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