| REGULAR ASSESSMENT     Email: assessor@co.sutter.ca.us     SUPPLEMENTAL ASSESSMENT Information for Property NoYear:   | -269-FIR-R02-0308-51000580-1<br>E-269-FIR REV. 02 (03-08)<br>VETERANS' ORGANIZATION EXE<br>ASSESSOR'S FIELD INSPECTION |   | TODD L. RETZLOFF,<br>SUTTER COUNTY<br>1190 Civic Center Blvd.<br>Yuba City, CA 95993<br>Telephone (530) 822-7160 F<br>www.suttercounty.org/asses | -<br>AX (530) 822-7198 |
|---|--|---|--|------------------------|
| Name of organization         Address of this property         Downer only       Operator only       Owner-Operator       Date of last inspection of property         If claimant is owner, name of owner is   | SUPPLEMENTAL ASSESSMENT  | Veer  | Email: assessor@co.sutter.c  |                        |
| Address of <i>his</i> property       (amout cy); ap cate)         Owner only       Operator only       Owner-Operator       Date of last inspection of property         If claimant is operator, name of owner is       Image: Check only one)       Image: Check only one)       Image: Check only one)         1. The primary activity the property is used for is: (check only one)       image: Check only one)       Image: Check only one)       image: Check only one)         1. The primary activity the property is used for is: (check only one)       image: Check only one)       image: Check only one)         1. The primary activity the property is used for is: (check only one)       image: Check only one)       image: Check only one)         1. The primary activity the property is used for is: (check only one)       image: Check only one)       image: Check only one)         1. The primary activity the property is used for are: a. List letters used in B1       image: Check only one)       image: Check only one)         2. Other activities the property for benefit of persons       1. In formational       image: Check only one)         2. Other activities the property for benefit of persons       1. In your opinion are services and expenses excessive?       image: Check only one)         1. In your opinion is the claimant's proposed new capital investment, if any, necessary?       if answer is no, explain:       if answer is no, explain:         2. Ownership foral property (as of applicable lion date) is |  |   |  |                        |
| □ Owner only       □ Owner Operator only       □ Owner-Operator         □ data of last inspection of property       □         If claimant is operator, name of owner is   | Address of this property   |   |  |                        |
| If daimant is operator, name of operator is         If claimant is operator, name of owner is         A Claimant is primarity:         (check only one)         1. The primary activity the property is used for is: (check only one)         a. administration       e. fratemal and lodge meetings         i. b. commercial       f. f. fund raising         c. e. ducational       g. hospital         k. rehabilitation       i. informational         d. farming       h. housing         d. farming       c. inder (explain)         2. Other 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)         3. All or prapt (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 bonefit of persons         1. In your opinion are services and expenses excessive?         f answer is yes, explain:         2. In your opinion are services and expenses excessive?         f answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         f. In your opinion the chaimant's name):         <  | Address of <i>tims</i> property  | (stree  | et, city, zip code)  |                        |
| If daimant is operator, name of owner is         A. Claimant is primarity:<br>(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)  |  |   |  |                        |
| 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. fratemal and lodge meetings       i. medical (not hospital)         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         m. other (explain)       c. elucational       c. in excess of that reasonably 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. used house personnel whose presence is not institutionally necessary       d. used house personnel whose presence is not institutionally necessary?       Yes       I if answer is yes, explain:         2. In your opinion are services and expenses excessive?       in your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       I if answer is yes, explain:         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       I if answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       I if answer is no, explain:         D. Ownership in name of claimant?       Did owner file an exemption claim?       Yes       I if an                                | -  | S   |  |                        |
| 1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         b. commercial       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         c. educational       g. hospital       k. rehabilitation         d. d. farming       h. housing       l. informational         d. 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       d. used         house personnel whose presence is not institutionally necessary       C.       Operation of property for benefit of persons         1. In your opinion or operations enhance anyone's private gain?       If answer is yes, explain:       Yes       I         2. In your opinion of operaty (as of applicable lien date) is recorded in exact name of claimant       Yes       I         ff answer is no, explain:       Did owner file an exemption claim?       Yes       I         D. Other othange in ownership       Recorded       Yes       I </td <td>(check only one) 📋 1. charitabl</td> <td>e 🗌 2. other <i>(explain)</i></td> <td></td> <td></td>   | (check only one) 📋 1. charitabl  | e 🗌 2. other <i>(explain)</i>                     |  |                        |
| a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. deducational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         m. other ( <i>explain</i> )       m. other ( <i>explain</i> )         3. All or part ( <i>write in all or part where applicable</i> ) of the property is:       a. leased or rented         b. vacant or unused       c. in excess of that reasonably necessary       d. used         house personnel whose presence is not institutionally necessary       c. Operation of property for benefit of persons       vacant or unused         1. In your opinion are services and expenses excessive?       res       res       res         if answer is yes, explain:       lane anyone's private gain?       Yes       res         jf answer is yes, explain:       Did owner file an exemption claim?       Yes       res         Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       res       res         E. Supplemental Assessment (in claimant's name):       Did owner file an exemption claim?       Yes       res         1. Date of completion of new construction       Explain what was constructed       sota put to exempti use       res       res         <   |  |   |  |                        |
| b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       c. to the explain)       l. informational         b. Other(explain)       .       informational         b. Other(explain)       .       .         c. Other activities the property is used for are:       a. List letters used in B1         b. Vacant or unused   |  |   |  |                        |
| d. farming       h. housing       I. informational         m. other (explain)   | b. commercial  | f. fund raising                                   | j. recreational  | ital)                  |
| 2. Other activities the property is used for are: a. List letters used in B1  | d. farming   | h. housing  | I. informational   |                        |
| 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  |  |   |  |                        |
| 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 house personnel whose personnel is not institutionally necessary         C. Operation of property for benefit of persons       l in your opinion are services and expenses excessive?       l Yes         If answer is yes, explain:       l In your opinion do operations enhance anyone's private gain?       l Yes       l If answer is yes, explain:         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?       l Yes       l If answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       l Yes       l If answer is no, explain:         D. Ownership of change in ownership       me of change in ownership       Recorded       Yes       l I         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 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:         D. Det of change in ownership         Ownership in name of claimant?         Not read         Ownership in name of claimat?         Q. Date put to exempt use         explain what was constructed         3. Date put to exempt use         explain what was constructed         3. Date put to exempt use file an supplemental Assessment was filed with Assessor         6. Date first installment of supplemental tax bill becomes (became) delinquent         F. A 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'   |  |   |  |                        |
| 1. In your opinion are services and expenses excessive?       Yes       Yes       Yes         If answer is yes, explain:       Yes       Yes       Yes         2. In your opinion do operations enhance anyone's private gain?       Yes       Yes       Yes         If answer is yes, explain:   | house personnel whose prese  | ence is not institutionally necessary             |  |                        |
| 2. In your opinion do operations enhance anyone's private gain?       Yes       Yes       Yes         If answer is yes, explain:       Yes       Yes       Yes       Yes         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       Yes       Yes         If answer is no, explain:   | 1. In your opinion are services a  | nd 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 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         If answer is no, explain:  | 3. In your opinion is the claimant   | '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 <b>lien date</b> ) is recorded in e | xact name of claimant  | 🗌 Yes 🗌 No             |
| 1. Date of change in ownership       Recorded       Yes       I         Ownership in name of claimant?       .       .       .       .         2. Date of completion of new construction       .       .       .       .         Explain what was constructed       .       .       .       .       .         3. Date put to exempt use       .       .       .       .       .       .       .         4. Notice: date mailed       .  |  |   | _ 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         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 exemption on this property:         1. was filed last year       Yes         No       2. is new this year         give complete address including zip code         G. Recommendation: 1. Approval   | ••   | laimant's name):                                  |  |                        |
| Explain what was constructed         3. Date put to exempt use         a. Date put to exempt use         b. Date put to exempt and nonexempt portions in detail         c. Recommendation:         1. Approval         (all)         Reason for denial (if partial denial, identify specific area to be denied)         (all)         Date         (all)  | Ownership in name of claimar   | nt?   |  |                        |
| 3. Date put to exempt use If only a portion of the property is put to exempt use, describe exempt and nonexempt portions in detail       If only a portion of the property is put to exempt use, describe exempt and nonexempt portions in detail         4. Notice: date mailed  | Explain what was constructed   |   |  |                        |
| <ul> <li>4. Notice: date mailed</li></ul>   | <ol> <li>Date put to exempt use</li> </ol>   |   | If only a portion of the pro   | perty is put to an     |
| <ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li></ul>   |  |   |  |                        |
| <ul> <li>F. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year</li> <li>Yes</li> <li>No</li> <li>is new this year</li> <li>Yes</li> <li>No</li> </ol> </li> <li>6. Recommendation: <ol> <li>Approval</li> <li>(all)</li> <li>(all)</li> <li>(all)</li> <li>(part)</li> <li>(all)</li> </ol> </li> <li>Date</li> <li>Inspection for</li> <li>, Asse</li> </ul>  | 5. Date claim for exemption from   | n Supplemental Assessment was filed w             | ith Assessor   |                        |
| 3. was not filed last year, but claimed on another property located at  | F. A claim for veterans' organizati  | on exemption on <i>this</i> property:             |  |                        |
| G. Recommendation: 1. Approval 2. Denial (all) (all)(all) (all) (all)(all) (all) (al  |  |   |  |                        |
| Reason for denial (if partial denial, identify specific area to be denied)   Date   |  |   |  |                        |
| Date, Asse  |  |   |  | . ,                    |
|   | <br>Date   |   |  |                        |
|   |  |   |  |                        |

