| -269-FIR-R02-0308-03000763-1<br>DE-269-FIR REV. 02 (03-08)<br>VETERANS' ORGANIZATION I<br>ASSESSOR'S FIELD INSPECTIO   |  | WIDOR COL            | As<br>81/<br>Jac<br>PH | mes B Rooney<br>sessor of Amador<br>Court Street<br>kson, CA 95642<br>: (209) 223-6351<br>X: (209) 223-6721            | <sup>-</sup> County |          |
|--|--|----------------------|------------------------|--|---------------------|----------|
| REGULAR ASSESSMENT   | Т  |                      |                        | X. (209) 223-0721  |                     |          |
| Information for Property No.   |  |                      |                        |  |                     |          |
| Name of organization   |  |                      |                        |  |                     |          |
| Address of <i>this</i> property  |  |                      |                        |  |                     |          |
| Owner only Operator only   | Owner-Operator                                   | Date of last ins     | et, city, zip code)    | tv   |                     |          |
| If claimant is owner, name of operat   |  |                      |                        | - J  |                     |          |
| If claimant is operator, name of own   |  |                      |                        |  |                     |          |
| A. Claimant is primarily:<br>(check only one) 1. chari   |  |                      |                        |  |                     |          |
| B. Use of property   |  |                      |                        |  |                     |          |
| 1. The primary activity the p  | roperty is used for is: (ch                      | eck only one)        |                        |  |                     |          |
| <ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>                              | ☐ f. fund rai<br>☐ g. hospital<br>☐ h. housing   | 1                    |                        | <ul> <li>i. medical (not hosp</li> <li>j. recreational</li> <li>k. rehabilitation</li> <li>l. informational</li> </ul> | oital)              |          |
| 2. Other activities the prope  | erty is used for are: a. Lis                     | st letters used in E |                        |  |                     |          |
| <ul> <li>b. Other(<i>explain</i>)</li> <li>3. All or part (write in all or part)</li> </ul>  |  |                      |                        |  |                     |          |
| b. vacant or unused<br>house personnel whose pr  | c. in  | excess of that re    | asonably necess        | ary  | d. ι                | used to  |
| <ul> <li>C. Operation of property for</li> <li>1. In your opinion are service</li> <li>If answer is yes, explain: _</li> </ul>   | r benefit of persons<br>es and expenses excessiv | ve?                  |                        |  | □ Yes               |          |
| <ol> <li>In your opinion do operational de la superiorita y este esta esta esta esta esta esta esta</li></ol>  | ons enhance anyone's priv                        | vate gain?           |                        |  | □ Yes               | 🗌 No     |
| <ol> <li>In your opinion is the claim<br/>If answer is <b>no</b>, explain:</li> </ol>  | nant's proposed new capit                        | tal investment, if a | ny, necessary?         |  | 🗌 Yes               | 🗌 No     |
| D. <b>Ownership of real property</b> (<br>If answer is <b>no</b> , explain:  |  |                      | xact name of clai      | nant   | ☐ Yes               | 🗌 No     |
|  |  |                      | _ Did owner file       | an exemption claim?  | 🗌 Yes               | 🗌 No     |
| <ul><li>E. Supplemental Assessment (</li><li>1. Date of change in ownersh</li></ul>  | nip  |                      |                        |  | 🗌 Yes               | 🗌 No     |
| Ownership in name of claim<br>2. Date of completion of new   | construction                                     |                      |                        |  |                     |          |
| Explain what was construct<br>3. Date put to exempt use  |  |                      | If c                   | nly a portion of the pro   | operty is p         | ut to an |
| <ul> <li>exempt use, describe exert</li> <li>4. Notice: date mailed</li> <li>5. Date claim for exemption for</li> <li>6. Date first installment of superstant</li> </ul> | rom Supplemental Asses                           | sment was filed w    | ith Assessor           |  | 🗆 N                 |          |
| <ul> <li>F. A claim for veterans' organiz</li> <li>1. was filed last year  Ye</li> </ul>   | zation exemption on <i>thi</i> s                 | s property:          | _                      |  |                     |          |
|  |  |                      |                        |  |                     |          |
| <ul><li>3. was not filed last year, but</li><li>G. Recommendation: 1. Appro</li></ul>  |  |                      |                        |  |                     |          |
| Reason for denial (if partial de   | ( )  | to be denied)        |                        |  |                     | ,        |
| Date   | In   | spection for         |                        |  | ,                   |          |
|  |  | Ву                   |                        |  | ,                   | Designe  |

