Decemption     D		TEAL OF	Gus Kramer	
In ECOLLAR ASSESSMENT       http://www.cocounty.us/assessor         SUPPECEMENTAL ASSESSMENT	30E-269 <b>VE</b>	-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION	2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488	
SUPPLEMENTAL ASSESSMENT         Information for Property No.       Year:         Name of organization         Address of this property		REGULAR ASSESSMENT		
Name of organization         Address of this property         Owner only       Owner only         Owner only       Owner only         If daimant is wore, name of operator is         If daimant is primarity:         (check only one)       1. charitable         2. other fexpand         1. The primary activity the property is used for is: (check only one)         -       -         -				
Address of this property				
□ Owner only       □ Owner-Operator       Date of last inspection of property         If daimant is operator, name of owner is	Na	me of organization		
If dalmant is owner, name of owner is         If dalmant is operator, name of owner is         C. Claimant is primarity:         (check only one)       1. charitable         2. Other of the primary activity the property is used for is: (check only one)       i. medical (not hospital)         B. Use of property       1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         B. commercial       G. functional       g. hospital       i. medical (not hospital)         C. educational       g. hospital       k. rehabilitation       d. farming         C. downership       h. housing       i. informational       d. farming         D. 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       d. used to house presonce! whose presence is not institutionally necessary         C. Operation of property for bonofit of persons       i. in your opinion do operations enhance anyone's private gain?       Yes No         If answer is yos, explain:		Give a service of the	le)	
If claimant is operator, name of owner is         A. Calimant is primarily: (check only one)       1. charitable         B. Use of property         1. The primary activity the property is used for is: (check only one)         a. administration       e. fratemal and lodge meetings         b. commercial       f. fund raising         c. c. deucational       g. hospital         c. deucational       g. hospital         c. deucational       g. hospital         c. deucational       d. forming         c. nother (explain)       informational         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       d. used to house presonnel whose presence is not institutionally necessary         c. Operation of property for bonefit of persons       l. vacant or unused       c. in excess of that reasonably necessary?         l. In your opinion do operations enhance anyone's private gain?       l'ress: No       l'ress: No         if answer 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. doministration       e. fratemal and lodge meetings       i. medical (not hospital)         C. downercial       g. hospital       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 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         1. In your opinion are services and expenses excessive?       Yes       No         ff answer is yee, explain:       Yes       No         2. In your opinion are balaments proposed new capital investment, if any, necessary?       Yes       No         ff answer is no, explain:       Did owner file an exemption claim?       Yes       No         ff answer is no, explain:       Did owner file an exemption claim?       Yes       No         ff answer is no, explain:       Did owner file an exemption claim?       Yes       No         ff answer is no, explai				
1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         a. administration       c. fatternal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         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 (with 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. No paration of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?		(check only one) 1. charitable 2. other (explain)		
a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. ducational       g. hospital       j. recreational         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	В.			
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       i. informational         m. other (explain)				
□       d. farming       □       h. housing       □       I. informational         □       m. other (explain)		b. commercial f. fund raising	j recreational	
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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 nurused				
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 expenses excessive?       .         c. In your opinion do operations enhance anyone's private gain?       .         if answer is yes, explain:       .         2. In your opinion do operations enhance anyone's private gain?       .         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. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       .         If answer is no, explain:       .       .         Did owner file an exemption claim?       .       .         No       .       .       .         If answer is yes, explain:       .       .       .         Date of change in ownership       .       .       .       .         Ownership in name of claimant?       .				
b. vacant or unused				
C. Operation of property for benefit of persons       In your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:		b. vacant or unused c. in excess of that reasonably r	necessary d. used to	
If answer is yes, explain:		C. Operation of property for benefit of persons		
2. In your opinion do operations enhance anyone's private gain?       I yes I No         If answer is yes, explain:       I your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes No         If answer is no, explain:       I yes on explain:       I yes No         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes No         If answer is no, explain:       I of womer file an exemption claim?       Yes No         E. Supplemental Assessment (in claimant's name):       Did owner file an exemption claim?       Yes No         0. Ownership in name of claimant?       Recorded       Yes No         2. Date of completion of new construction       Explain what was constructed       Supplemental Assessment was constructed         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       In Not mailed         4. Notice: date mailed       If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed with Assessor       In Not mailed         5. Date claim for exemption from Supplemental tax bill becomes (became) delinquent       If Aclaim for veterans' organization exemption on this property:         1. was filed last year       Yes No       No       Is new this year       Yes No         3. was not filed last year, but claimed on another property located a		• • •		
If answer is yes, explain:				
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:				
b. Otherstrip of real property (as of applicable field date) is recorded in each fumile of dating if answer is no, explain:		3. In your opinion is the claimant's proposed new capital investment, if any, necess		
E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership	D.			
1. Date of change in ownership       Recorded       Yes       No         Ownership in name of claimant?       Seconded       Yes       No         2. Date of completion of new construction       Explain what was constructed       Seconded       Second			her file an exemption claim? $\Box$ Yes $\Box$ No	
Ownership in name of claimant?         2. Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         a. Date put to exempt use         b. Date put to exempt use         c. Notice: date mailed         c. Date claim for exemption from Supplemental Assessment was filed with Assessor         c. 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         2. No       2. is new this year         3. was not filed last year, but claimed on another property located at         (give complete address including zip code)         c. Recommendation:       1. Approval         (all)       (all)         Reason for denial (if partial denial, identify specific area to be denied)         Date       Inspection for	E.			
<ol> <li>Date of completion of new construction</li></ol>				
<ul> <li>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</li> <li>4. Notice: date mailed Not mailed</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>7. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year Yes</li> <li>No</li> <li>in this year Yes</li> <li>No</li> </ol> </li> <li>6. Recommendation: <ol> <li>Approval</li></ol></li></ul>		2. Date of completion of new construction		
<ul> <li>4. Notice: date mailed</li></ul>		3. Date put to exempt use	If only a portion of the property is put to an	
<ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li></ul>				
<ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>				
F. A claim for veterans' organization exemption on this property:         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				
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	F.			
G. Recommendation: 1. Approval 2. Denial (part) (all) (al		1. was filed last year  Yes  No  2. is new this year  Yes  No		
G. Recommendation: 1. Approval 2. Denial (part) (all) _		3. was not filed last year, but claimed on another property located at	(give complete address including size de)	
Reason for denial (if partial denial, identify specific area to be denied)	G.			
Date, Assesso		Reason for denial (if partial denial, identify specific area to be denied)		
By, Designe				
		Ву	, Designe	

