BEGULAR ASSESSMENT Information for Property No	E-269	-FIR-R02-0308-08000806-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMP SESSOR'S FIELD INSPECTION REP		Assessor 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200)
Information for Property NoYear:			1857		
Name of organization			Voor		
Address of <i>this</i> property					
□ Owner only □ Operator only □ Owner-Operator Date of last inspection of property If claimant is owner, name of operator is	Ad	dress of <i>this</i> property			
If claimant is owner, name of owner is If claimant is portably, 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. f. fund ratising j. recreational c. educational g. hospital k. rehabilitation d. d. farming n. h. housing l. informational b. Other (explain) a. List letters used in B1 o. Other (explain) 2. Other activities the property is used for are: a. List letters used in B1 o. d. used to house personnel whose presence is not institutionally necessary d. used to house personnel whose presence is not institutionally necessary C. Oparation of property for bonefit of persons 1. In your opinion are services and expenses excessive? Yes Not 1. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Not J. Nay our opinion is the claimant's proposed new capital investment, if any, necessary? Yes Not J. Date of change in ownership Did owner file an exemption claim? Yes Not J. Date of change in ownership Did owner file an exemption			(str	eet, city, zip code)	
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. fratemal and lodge meetings i. medical (not hospital) j. recreational c. educational j. fratemational C. deducational g. hospital i. informational i. informational M. to ther (explain) L. isotient L. informational d. used to research J. Vactor activities the property is used for are: a. List letters used in B1 b. Other(explain) d. used to research d. used to house personnel whose presence is not institutionally necessary d. used to house personnel whose presence is not institutionally necessary d. used to house presence is not institutionally necessary I. In your opinion are services and expenses excessive? Yes Not if answer is no, explain: Sun your opinion sine the dalament's proposed new capital investment, if any, necessary? Hestimate is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant H answer is no, explain: Did owner file an exemption claim? H					
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E. Supplemental Assessment (in claimant's name): Recorded Yes Not 1. Date of change in ownership Recorded Yes Not 2. Date of completion of new construction Explain what was constructed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Not mailed Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mailed 6. Date first installment of supplemental tax bill becomes (became) delinquent If only a portion of the property: 1. was filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code) G. Recommendation: 1. Approval (ail) 2. Denial (part) (ail) Reason for denial (if partial denial, identify specific area to be denied) (ail) (ail) Date Inspection for , Assess	D.		. ,	exact name of claimant	∐ Yes ∐ No
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Date, Assess			ntify specific area to be denied)		
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Louise Wilson

