EF-263-A-R07-0617-29000222-1 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)



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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.

			commencement date of the lease.			
ENTIFICATION OF APPLICANT						
LESSOR'S CORPORATE OR ORGANIZ	ATION NAME					
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
CORPORATE ID (IF ANY)						
ENTIFICATION OF PROPERTY						
ADDRESS OF PROPERTY (NUMBER A		FISCAL YEAR OF CLAIM 20 = 20				
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCE	EL NUMBER				
USE OF PROPERTY			properties, please	attach a list that clearly	videntifies the	
PROPERTY TYPE		PRIMARY USE		INCIDENTAL USE		
Land						
☐ Buildings and Improvement	s					
Personal Property						
Yes No The lease confers	s upon the lessee the exc	lusive right to posses	sion and use of the	e property.		
Yes No As used herein a community college	qualifying institution is ce, state college, state uni					
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.						
Important: A lessee's affidavit, in will result in denial of one time rep					e the lessee's affidavit	
		CERTIFICATIO	N			
l certify (or declare) under penalty accompanyi	of perjury under the laws ng statements or docume					
SIGNATURE OF PERSON MAKING CLAIM			DATE			
NAME OF PERSON MAKING CLAIM			TITLE			
EMAIL ADDRESS				DAYTIME TELEPHONE ()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESS	EE INSTITUTION	7011011 B1 Q0				
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
Check the type of qua	lifying use of the property					
☐ FREE PUBLIC LIBRARY ☐ COI		☐ COMMUNIT	Y COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM		☐ STATE COL	LEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL ☐ STATE		STATE UNI	UNIVERSITY			
NAME OF LESSOR						
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
COMMENCEMENT DATE OF LEASE			DATE PROPERTY PUT TO EXEMPT USE			
	PI FASE AT	TACH A COPY OF	 F THE LEASE AGREE	MENT		
	T ELFROL TRI	17.0117.001 1 01	THE LEMOE MORKEE	VI_IVI		
The following property is letc. Attach a separate list PROPERTY TYPE (REAL OR PERSONAL)	ased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, g if necessary. PROPERTY DESCRIPTION					
	ee institution has the option ar) or any other nominal sum		ease term of acquiring the	ne above property described in the lease for \$1		
		CERTIFIC	CATION			
	penalty of perjury under the ompanying statements or do			going and all information hereon, including any my knowledge and belief.		
SIGNATURE OF PERSON MAKING				DATE		
NAME OF PERSON MAKING CLAIR	И			TITLE		
EMAILADDRESS				DAYTIME TELEPHONE ()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

