REGULAR ASSESSMENT     Www.sutilercounty.org/massesor     Www.sutilercounty.org/massesor     Www.sutilercounty.org/massesor     Www.sutilercounty.org/massesor     Wow sutilercounty.org/massesor     Wow sutilercounty.org/m	EF-269-FIR-R02-0308-51000684-1 BOE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT		SUTTER COUNTY 1190 Civic Center Blvd. Yuba City, CA 95993 Phone: (530) 822-7160		Fax: (530) 822-7198
Name of organization	SUPPLEMENTAL ASSESSMENT	Verm		E-mail: assessor@co.sutte	r.ca.us
Address of this property       Image: address of this property         Owner only       Operator only       Date of last inspection of property         If claimant is comer, name of operator is       If claimant is primarity:         A. Claimant is primary:       Inspection of property         I. The primary activity the property is used for is: (check only one)       I. The primary activity the property is used for is: (check only one)         I. The primary activity the property is used for is: (check only one)       I. In primary activity the property is used for is: (check only one)         I. a. administration       I. fund raising       I. in medical (not hospital)         D. commercial       I. fund raising       I. in commercial         I. fund raising       I. in commercial       I. fund raising         D. Other (explain)       I. in other (explain)       I. in other (explain)         J. Other activities the property is used for are: a. List letters used in B1       I. in yoursed         D. Other (explain)       I. in excess of that reasonably necessary       I. used to hubee presonnel whose presence is not institutionally necessary         I. In your opinon are services and expenses excessive?       I ves INO         I. In your opinon are services and expenses excessive?       I ves INO         I. In your opinon is the claimant's proposed new capital investment. If any, necessary?       I ves INO <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
□ Owner only       □ Ovner-Operator       Date of last inspection of property         If claimant is operator, name of owner is	Name of organization				
If claimant is owner, name of owner is         If claimant is operator, name of owner is         A. Claimant is primarily:         (check only one)       1. charitable         2. Other activity the property is used for is: (check only one)         1. The primary activity the property is used for is: (check only one)         2. a. administration       6. f. fund raising         3. Calamat (check only one)       1. medical (not hospital)         4. c. educational       9. housing         5. Other activities the property is used for are: a. List letters used in B1       5. Other (explain)         5. All or part (write in all or part where applicable) of the property is: a leased or rented       5. vacant or nunsed         6. in over opinion are services and expenses excessive?       Yes         7. Operation of property for benefit of persons       1. in your opinion do operations enhance anyone's private gain?         7. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes         7. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes         8. Jour opinion is the claimant's name):       1. Did owner file an exemption claim?       Yes         9. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         16 answer is yee, explain:       Did owner file an exemption	Address of <b>time</b> property		(street, cit	v, zip code)	
If claimant is operator, name of owner is         A. Claimant is primarity: (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. deducational       g. hospital         b. commercial       f. fund raising         c. deducational       g. hospital         b. commercial       f. fund raising         c. difference       informational         c. difference       f. reactional         d. farming       h. housing         c. difference       informational         b. other (explain)       c. in excess of that reasonably necessary         c. All or part (write in all or part where applicable) of the property is: a. leased or rented       b. vacant or nunsed         b. vacant or nunsed       c. in excess of that reasonably necessary       d. used to house persone whose presence is not institutionally necessary         c. Opporting of property       for benefit of persons       l. nour opinion do operations enhance anyone's private gain?         f. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         f. answer is no, 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. commercial       f. fund raising       j. recreational         C. educational       g. hospital       j. recreational         C. educational       g. hospital       k. rehabilitation         I. d. farming       h. housing       l. informational         D. Other activities the property is used for are:       a. List letters used in B1         D. Other explain)       c. in excess of that reasonably necessary       d. used to house personnel whose presence is not institutionally necessary         C. Operation of property for benefit of persons       g. no optimion are services and expenses excessive?       Yes         I. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is yes, explain:       Did owner file an exemption claim?       Yes       No         Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes <td>•</td> <td></td> <td></td> <td></td> <td></td>	•				
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. farternal and lodge meetings       i. medical (not hospital)         c. educational       g. hospital       k. rehabilitation         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         d. Other activities the property for benefit of persons       n. In your opinion are services and expenses excessive?       Nes         1. In your opinion are services and expenses excessive?       Yes       No         1f answer is yee, explain:       Yes       No         2. Other activities the indication property (as of applicable lien date) is recorded in exact name of claimant       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         0. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         1. Date of change					
1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         a. administration       c. fraternal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. h. housing       l. informational         m. other (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. Vacant or unused       c. in excess of that reasonably necessary       d. used to house presence is not institutionally necessary         1. In your opinion are services and expenses excessive?       .       .         1. In your opinion on perstry for benefit of persons       .       .         2. In your opinion do operations enhance anyone's private gain?       .       .       .         1. In your opinion to the claimant's proposed new capital investment, if any, necessary?       .       .       .         2. In your opinion do operations enhance anyone's private gain?       .       .       .       .         2. In your opinion is the claimant's proposed new capital	(check only one) 📋 1. charitable	e 🗌 2. other <i>(explain)</i>	l		
a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       i. freereational         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 (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 to house personnel whose presence is not institutionally necessary         1. In your opinion do operations enhance anyone's private gain?       Yes       No         If answer is yes, explain:       .       .         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is yes, explain:       .       .       .       .         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         If answer is no, explain:       .       .       .       Did owner file an exemption claim?       Yes					
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       c. and the property is used for are:       a. List letters used in B1         b. Other explain)       c. in excess of that reasonably necessary       d. used to house presence is not institutionally necessary         c. Operation of property for benefit of persons       i. navuer opinion are services and expenses excessive?       Yes         1. In your opinion or services and expenses excessive?       Yes       No         if answer is yes, explain:       .       .         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         if answer is no, explain:       .       .       .       .         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         E       Supplemental Assessment (in claimant's name):       .       .       .       .       .         1. Dete of change in ownership       .       .       .       .       .       .       .       .       .       .         2. Date of completion of new construction       .       .       .					
□       c. educational       □       g. hospital       □       k. rehabilitation         □       d. farming       □       h. housing       □       i. informational         □       m. other (explain)       □       □       i. informational         2.       Other activities the property is used for are:       a. List letters used in B1       □       □         b. vacant or unused       c. in excess of that reasonably necessary       d. used to house personnel whose presence is not institutionally necessary       d. used to house personnel whose personnel institutionally necessary         1.       In your ophinion are services and expenses excessive?       □       Yes       No         1f answer is yes, explain:       □       □       Is your ophinion do operations enhance anyone's private gain?       □ yes       No         1f answer is no, explain:       □       Is your ophinion is the claimant's proposed new capital investment, if any, necessary?       □ yes       No         1       nawer is no, explain:       □       □       □       No         1       nawer is no, explain:       □       □       □       No         1       Date of change in ownership       □       □       □       No         2       Date of change in ownership       □       □			• •		pital)
□       d. farming       □       h. housing       □       I. informational         □       m. other (explain)			ng	_ '	
□       m. other (explain)         2. Other activities the property is used for are: a. List letters used in B1				_	
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         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?         if answer is yes, explain:         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?         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         PYes       No         If answer is no, explain:		•			
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       c. in excess of that reasonably necessary         c. Operation of property for benefit of persons         1. In your opinion are services and expenses excessive?       Yes         2. In your opinion do operations enhance anyone's private gain?       Yes         3. In your opinion the claimant's proposed new capital investment, if any, necessary?       Yes         2. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes         If answer is no, explain:       Did owner file an exemption claim?       Yes         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         0. Womership in name of claimant?       Did owner file an exemption claim?       Yes       No         0. Ownership in name of claimant?       Escended       Yes       No         0. Ownership in name of claimant?       Deate of completion of new construction       Escended </td <td></td> <td></td> <td></td> <td></td> <td></td>					
3. All or part (write in all or part where applicable) of the property is: a. leased or rented         b. vacant or unused	11,				
b. vacant or unused       c. in excess of that reasonably necessary       d. used to house personnel whose presence is not institutionally necessary         C. Operation of property for benefit of persons       In your opinion are services and expenses excessive?       Ves       No         If answer is yes, explain:         3. In your opinion are services and expenses excessive?       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Ves       No         If answer is no, explain:       Did owner file an exemption claim?       Ves       No         If answer is no, explain:       Did owner file an exemption claim?       Ves       No         If answer is no, explain:       Did owner file an exemption claim?       Ves       No         I. Date of change in ownership       Recorded       Ves       No         Ownership in name of claimant?       If only a portion of the property is put to an exempt use 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       Image: Completine of new constructed         3. Date put to exemption from Supplemental Assessment was filed with Assessor       Notice: da					
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. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         If answer is no, explain:         D. Date of change in ownership         Recorded         Yes         No         E. Supplemental Assessment (in claimant's name):         1. Date of change in ownership         Recorded         Yes         No         Ownership in name of claimant?         Q: Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         Motice: date mailed         So					
C. Operation of property for benefit of persons       In your opinion are services and expenses excessive?       In your opinion are services and expenses excessive?       In your opinion are services and expenses excessive?         In your opinion do operations enhance anyone's private gain?       Yes       No         If answer is yes, explain:	house personnel whose prese	nce is not institutionally	necessary		0. 0.000 to
If answer is yes, explain:	C. Operation of property for be	nefit of persons			
2. In your opinion do operations enhance anyone's private gain?       Yes       No         If answer is yes, explain:	· · · · · · · · · · · · · · · · · · ·				
If answer is yes, explain:					Yes No
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:					
If answer is no, explain:	3. In your opinion is the claimant	's proposed new capital	investment, if any,	necessary?	🗌 Yes 🗌 No
If answer is no, explain:	D. Ownership of real property (as o	of applicable lien date)	is recorded in exact	name of claimant	🗌 Yes 🗌 No
E. Supplemental Assessment (in claimant's name):       Recorded       Yes       No         Ownership in name of claimant?       Recorded       Yes       No         Ownership in name of claimant?       If only a portion of new construction       Explain what 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       Notice: date mailed       Not mailed         4. Notice: date mailed       Not casessment (in supplemental Assessment was filed with Assessor       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       F.         7. A claim for veterans' organization exemption on this property:       Not         1. was filed last year, but claimed on another property located at       (give complete address including zip code)         6. Recommendation:       1. Approval       (all)         (all)       (all)       (all)         Reason for denial (if partial denial, identify specific area to be denied)	If answer is <b>no</b> , explain:				
1. Date of change in ownership       Recorded       Yes       No         Ownership in name of claimant?	E Supplemental Accessment (in a	aimant'a nama):	C	oid owner file an exemption claim?	🗌 Yes 🗌 No
<ul> <li>2. Date of completion of new construction</li></ul>	1. Date of change in ownership _				
<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>F. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year Yes</li> <li>No</li> <li>is new this year Yes</li> <li>No</li> </ol> </li> <li>6. Recommendation: 1. Approval</li></ul>					
exempt use, describe exempt and nonexempt portions in detail	Explain what was constructed			If only a portion of the pr	operty is put to an
<ul> <li>4. Notice: date mailed In Not mailed In Not mailed</li></ul>					
<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>					
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					
3. was not filed last year, but claimed on another property located at	F. A claim for veterans' organization	on exemption on <i>this</i>	property:		
G. Recommendation: 1. Approval 2. Denial (all) (all)(all) (all)(all) (all) (al					
G. Recommendation: 1. Approval 2. Denial (all) (all)(all) (all) (a	3. was not filed last year, but clai	med on another propert	y located at	(aive complete address including ai	· code)
Reason for denial (if partial denial, identify specific area to be denied)   Date					
Date, Assessor					. ,
	Date	Insr			

**KATHY SCRIVEN** 

