| STY OF | Douglas W. Wacker |
|--|--|
| F-262-AH-R09-0515-17000414-1 DE-262-AH (P1) REV. 09 (05-15) | County Assessor-Recorder Lake County Courthouse |
| CHURCH EXEMPTION | 255 North Forbes Street |
| PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP | Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 |
| This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") | Fax: 707-263-3703 |
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | FOR ASSESSOR'S USE ONLY |
| | Received |
| | Approved |
| | Denied |
| | Reason for denial |
| | |
| To receive the full exemption, this claim must be filed w | vith the Assessor by February 15 |
| | |
| Check here if you no longer seek an exemption at this location. | Sign and return this form to the Assessor. |
| NAME OF CHURCH, ORGANIZATION, ETC. | |
| WEBSITE ADDRESS (IF ANY) | |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) | |
| CITY, STATE, ZIP CODE | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | ASSESSOR'S PARCEL NUMBER |
| CITY, COUNTY, ZIP CODE | DATE PROPERTY WAS FIRST USED BY CLAIMANT |
| | |
| 1. Owner and operator: <i>(check applicable boxes)</i> Claimant is: Owner and operator Owner only Operator only | |
| | d/or Personal property |
| and claims exemption on all Land Buildings and improvements and 2. Are all buildings and equipment claimed as exempt used solely for religious worship | |
| | |
| | |
| 3. Is the land claimed as exempt required for the convenient use of these buildings? | |
| 4. Is all real property used by the church upon which exemption is claimed for parking parking of automobiles of persons attending or engaged in religious worship or recommercial purposes? | |
| Yes No | |
| Commercial purposes does not include the parking of vehicles or bicycles, the reve costs of operating and maintaining the property for parking purposes. Leased prope | rty used for parking purposes is eligible for exemption onl |
| if the congregation of the church, religious congregation, or sect is no greater than 5 | 500 members. |
| 5. List all uses of the property: | |
| | |
| 6. a. Is an elementary school and/or secondary school being operated at this location? | 2 |
| ☐ Yes ☐ No | |

b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools, and infant care centers)?

Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The claimant may wish instead to annually file by February 15 for the Welfare Exemption.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



[🗌] Yes 🗌 No

7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner: OWNER NAME

| OWNER NAME | | | |
|---|--|--|---|
| MAILING ADDRESS (NUMBER AND | STREET/P. O. BOX) | CITY, STATE, ZI | P CODE |
| Yes No If YES, is the | by the church for parking purposes? ne congregation of the church, religious der lo If YES, the property, or portion thereof, | | |
| Note: The benefit of a proper that the church exemption is payments, or a refund of such | rty tax exemption must inure to the chur s taken into account in fixing the term n payments, if paid, for each month of occ es not paid during such fiscal year by reaso | ch; if the lease or rental agre s of agreement, the church cupancy (or use), or portion th | ement does not specifically provide shall receive a reduction in rental |
| | ed on this property? If YES, a claim for the ortion of the property so used, to be exempted by the property so used to be exempted by t | | led with the Assessor by February 15 |
| 10. Is any portion of this property | being used for living quarters for any perso | on? If YES, describe that portio | n: 🗌 Yes 🗌 No |
| Note: Living quarters are not Exemption. Contact the Asses | eligible for the Church or Religious Exer sor. | nptions. Certain living quarters | a may be exempt under the Welfare |
| 11. Is any portion of this property If YES, describe that portion: | vacant and/or unused? Yes No | | A |
| 12. Has any portion of this proper since 12:01 a.m., January 1 k | y been rented to, leased to, or been used ar ast year? □ Yes □ No | nd/or operated by some person o | or organization other than the claimant |
| | ther church, provide the name and mailing | address: | |
| CHURCH NAME | | | |
| MAILING ADDRESS (NUMBER AND | O STREET/P. O. BOX) | CITY, STATE, Z | IP CODE |
| b. If property is leased to an sheets if necessary. | organization other than a church, provide th | ne name, type of organization a | nd frequency of use; attach additiona |
| NAME | | ТҮРЕ | FREQUENCY |
| NAME | | ТУРЕ | FREQUENCY |
| | (except for worship only) is not eligible for im for the Welfare Exemption. Contact the | | be exempt if the claimant (owner) and |
| | in the use of the property or any construct ast year? ☐ Yes ☐ No If YES, describ | | eted on this property |
| Yes No If YES, list th | perty at this location being leased or renter ne name and address of the owner and the used exclusively for religious worship, pleas | type, make, model, and serial r | |
| | should we contact during normal busi | ness hours for additional in | |
| NAME | | | TITLE |
| DAYTIME TELEPHONE | EMAIL ADDRESS | | |

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

| SIGNATURE OF PERSON MAKING CLAIM | TITLE |
|----------------------------------|-------|
| | |
| NAME OF PERSON MAKING CLAIM | DATE |
| | DATE |
| | |

