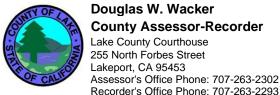
#### QUALIFIED LESSORS' EXEMPTION CLAIM

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



#### **Douglas W. Wacker** County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302

Fax: 707-263-3703

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) 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. L 1 **IDENTIFICATION OF APPLICANT** LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 - 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER **USE OF PROPERTY** Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE INCIDENTAL USE Land Buildings and Improvements Personal Property Yes No The lease confers upon the lesse the exclusive right to possession and use of the property. Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption. 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 which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit

CERTIFICATION

will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.

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 and correct to the best of my knowledge and belief.				
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

# A FEIDAVIT FOR EVECUTION BY OUAL LEVING INSTITUTIONAL LESS

AFFIDAVIT F NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE			
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
Check the type of qualifying use of the	property				
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA			
FREE MUSEUM	FREE MUSEUM STATE COLLEGE				
PUBLIC SCHOOL	STATE UNIVERSITY				
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT TO EXEMPT USE				
etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being lease	d, indicate the type, make, model, serial number,			
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION			
	USE				
Yes No The lessee institution has (one dollar) or any other n	the option at the end of the lease term of acquiring ominal sum.	the above property described in the lease for \$1			
CERTIFICATION					
Leadily (or dealare) under penalty of perium under the lowe of the State of California that the foregoing and all information have a including and					

I certify (or declare)								, including any
	accompanying	statements or do	ocuments, is tru	ue and correct t	o the best of n	ny knowledge	e and belief.	

	( )			
EMAIL ADDRESS	DAYTIME TELEPHONE			
NAME OF PERSON MAKING CLAIM	TITLE			
SIGNATURE OF PERSON MAKING CLAIM	DATE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

