

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

L					
or more taxable posinformation identifyin rise to the taxable position	ssessory interests have b g the holders of a taxable	een created or in possessory inter of January 1 this county assessor	renewed erest, the s year, y by Feb		
		PF		ATY USAGE	
NAME OF HOLDER OF POSSESSORY INTEREST				ADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
	ENEWAL SUBLEASE	ASSIGNMENT		TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSOR	RY INTEREST (including renewal of	or exte <mark>nsi</mark> on options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE	
	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE	
NAME OF HOLDER OF POSSESSORY INTEREST			MAILING	GADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
TYPE OF TRANSACTION (check one)			AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSORY INTEREST (including renewal or extension options)				AGENCY PAID EXPENSES (if any, enter dollar amount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE	
NAME OF HOLDER OF POSSESSORY INTEREST				GADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
				TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE	

PLUSTED 1993

٦

Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

EF-502-P-R02-0511-20000388-1 BOE-502-P (P1) REV. 02 (05-11)

POSSESSORY INTERESTS

ANNUAL USAGE REPORT

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

PROPERTY USAGE NAME OF HOLDER OF POSSESSORY INTEREST MAILING ADDRESS LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE REMAINING TERM ORIGINAL TERM ASSIGNMENTS NAME OF HOLDER OF POSSESSORY INTEREST MAILING ADDRESS LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE ORIGINAL TERM **REMAINING TERM** SUBLEASE **ORIGINAL TERM REMAINING TERM** CONSIDERATION PAID FOR UNDERLYING LEASE ASSIGNMENTS NAME OF HOLDER OF POSSESSORY INTEREST MAILING ADDRESS LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE **ORIGINAL TERM** ASSIGNMENTS CERTIFICATION

I certify (or declare) that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and covers any property required to be reported by the agency named in the statement. If prepared by a duly authorized person other than an agency official, the certification declaration is based on all the information of which the preparer has knowledge.

SIGNATURE OF AGENCY REPRESENTATIVE/PREPARER	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE
NAME OF PREPARER	TITLE
PREPARER'S EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

