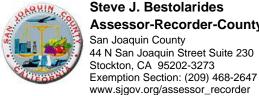
QUALIFIED LESSORS' EXEMPTION CLAIM

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



Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	Л
L	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.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
DENTIFICATION 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 <i>V</i> Check and state the primary and inciden	tal qualifying uses of the property
The exemption claim is made for the following property: (if there ar	
PROPERTY TYPE PRI	INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive rig	ht to possession and use of the property.
Yes No As used herein a qualifying institution is one whose community college, state college, state university, U	se property qualifies for the free public library, free museum, public school, Iniversity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of t (one dollar) or any other nominal sum.	the lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the abo will result in denial of one time reporting treatment for the exemption	ove statement(s) is provided. Failure to submit/complete the lessee's affidavit

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 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	STATE COLLEGE	NONPROFIT 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	I
	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	
Loartify (or dealare) under penalty of periur	wunder the lowe of the State of California that the fe	reasing and all information baroon including any

					l information hereon,	including any
accompanying	statements or doc	uments, is true and	d correct to the bes	st of my knowledg	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

