

PUBLIC INSPECTION

| | | | | assessor@trinitycounty.org | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | MAILING ADDRESS ssary corrections to the printed name | e and mailing address) | | 7 | | |
| or more taxable po information identifyin rise to the taxable p form with the Assess IF THERE ARE NO | ssessory interests have to ng the holders of a taxabl possessory interests. If you or by February 15 . Report | been created or e possessory inte ur agency owns ar all taxable posses NTERESTS ON F SHOWN ABOVE. | renewed erest, the ny proper sory inte ROPER | □ al governmental entity that is the fee owner of real property in which one to provide the assessor of the county in which the property is located a property involved, and the terms and conditions of the agreement giving ty with taxable possessory interests, you are required to complete and file this rests occurring in the prior year even if they ended in the prior year. TY OWNED BY THIS AGENCY, CHECK HERE _, AND SIGN, DATE, TY USAGE | | |
| NAME OF TENANT/LES | SSEE/PERMITTEE | | MAILING | ADDRESS | | |
| TYPE OF TRANSACTIO | ON OF SUBJECT PROPERTY DN (check one) ENEWAL SUBLEASE RY INTEREST (including renewal) | ASSIGNMENT | AMOUNT | TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) PAID EXPENSES (if any, enter dollar amount) | | |
| | | | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | | CONSIDERATION PAID FOR UNDERLYING LEASE | | |
| NAME OF TENANT/LES | SSEE/PERMITTEE | | MAILING | ADDRESS | | |
| LOCATION/DESCRIPTI | ON OF SUBJECT PROPERTY | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | |
| | ENEWAL SUBLEASE | | AGENCY | AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) PAID EXPENSES (if any, enter dollar amount) | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | |
| NAME OF TENANT/LESSEE/PERMITTEE | | | | MAILING ADDRESS | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | |
| CREATION RENEWAL SUBLEASE ASSIGNMENT | | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) AGENCY PAID EXPENSES (if any, enter dollar amount) | | |
| LINN OF FUSSESSUP | TINTLILE (Including renewal) | οι εχιεπείοπ υρτίοπε) | TAD LAL LINGLO (II any, enter uonar amount) | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | |
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EF-502-P-R03-0516-53000119-1 BOE-502-P (P1) REV. 03 (05-16)

> **POSSESSORY INTERESTS** ANNUAL USAGE REPORT



Shanna White **County Clerk-Recorder-Assessor** P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398

| PROPERTY USAGE | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|
| NAME OF TENANT/LESSEE/PERMITTEE | | | 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) | | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | | AGENCY PAID EXPENSES (if any, enter dollar amount) | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 CC | ONSIDERATION PAID FOR MASTER LEASE | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 CC | ONSIDERATION PAID FOR UNDERLYING LEASE | | | |
| | 1 | | | | | | |
| NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS | | | | | | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRE | | | | | | | |
| TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE ASSIGNMENT | | | | | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) | | | | | | | |
| SUBLEASE | SUBLEASE ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE | | | | | | |
| ASSIGNMENTS ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE | | | | | | | |
| | | | | MAILING ADDRESS | | | |
| NAME OF TENANT/LESSEE/PERMITTEE | | | | MALLING ADDRESS | | | |
| LOCATION/DESCRIPTI | ON OF SUBJECT PROPERTY | | DATE OF T | RANSACTION 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 ASSIGNMENT | | | | | | | |
| TERM OF POSSESSOF | RY INTERE <mark>ST</mark> (including renewal of | or extension options) | AGENCY P | AID EXPENSES (if any, enter dollar amount) | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 CC | ONSIDERATION PAID FOR MASTER LEASE | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | | ONSIDERATION PAID FOR UNDERLYING LEASE | | | |
| | | U | | | | | |
| 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 |
| | |

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