EF-263-A-R07-0617-58000189-1 BOE-263-A (P1) REV. 07 (06-17)

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

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

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.

_ comr	mencement date of the lease.	
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	f the property.	
The exemption claim is made for the following property: (if there are numerous property property and the name and ad	ies, please attach a list that clearly identifies the	
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and	d use of the property.	
☐ Yes ☐ No As used herein a qualifying institution is one whose property qualifies community college, state college, state university, University of California		
Yes No The lessee institution has the option at the end of the lease term of according (one dollar) or any other nominal sum.	quiring the above property described in the lease for \$1	
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is p will result in denial of one time reporting treatment for the exemption. A separate affidavi		
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	
TO BRIE OF T ENOUGH MENTAL OFFINE		
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	DR EXECUTION BY QUALIFYING INSTITU	OTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the p	property		
☐ FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	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		
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DESCRIPTION			
	USE		
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.			
	CERTIFICATION		
	under the laws of the State of California that the fo ents or documents, is true and correct to the best o		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ()	

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