EF-269-FIR-R02-0308-58000103-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

## VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



## Stephen S. Duckels Yuba County Assessor

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

| Name of organization   Address of this property   Owner-Operator   Date of last inspection of property   Identified   Owner-Operator   Date of last inspection of property   Identified     |   | SUPPLEMENTAL ASSESSMENT  |   |  |
|--|---|--|---|--|
| Address of this property   | Information for Property No Year:   |  |   |  |
| Owner only   Operator only   Owner-Operator   Date of last inspection of property  | Name of organization  |  |   |  |
| Owner only   Operator only   Owner-Operator   Date of last inspection of property  | Address of <i>this</i> property   |  |   |  |
| If claimant is operator, name of owner is  A. Claimant is primarily: (check only one)  | ☐ Owner only ☐ Operator only ☐ Owner-Operator Date of last inspection of property |  |   |  |
| A. Claimant is primarily:     (check only one)   | If claimant is owner, name of operator is   |  |   |  |
| B. Use of property  1. The primary activity the property is used for is: (check only one)    a. administration   e. fraternal and lodge meetings   j. recreational     b. commercial   f. fund raising   j. recreational     d. farming   h. housing   l. informational     m. other (explain)    2. Other activities the property is used for are: a. List letters used in B1     b. vacant or unused   d. in excess of that reasonably necessary   d. used to house personnel whose presence is not institutionally necessary     C. Operation of property for benefit of persons     I. In your opinion are services and expenses excessive?     If answer is yes, explain:     2. In your opinion is the claimant's proposed new capital investment, if any, necessary?   Yes   No If answer is no, explain:     D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant   Yes   No If answer is no, explain:     D. Ownership in name of claimant?     Date of change in ownership   Persons     Date of change in ownership   Persons     Date of completion of new constructed     Supplemental Assessment (in claimant's name):   Persons     Date of completion of new constructed     Suplemental Assessment (in claimant?     Date of completion of new constructed     Date of completion of new construction   | If claimant is operator, name of owner is   |  |   |  |
| 1. The primary activity the property is used for is: (check only one)  a. administration   |   |  |   |  |
| a. administration   e. fraternal and lodge meetings   j. medical (not hospital)   b. commercial   f. fund raising   j. recreational   k. rehabilitation   d. farming   h. housing   l. informational   m. other (explain)   l. informational   l. informational   b. Other activities the property is used for are: a. List letters used in B1   b. Other (explain)   l. informational   l. informational | B. <b>U</b> s   | Jse of property  |   |  |
| b. commercial  | 1. The <b>primary activity</b> the property is used for is: (check only one)      |  |   |  |
| b. Other(explain)  3. All or part (write in all or part where applicable) of the property is: a. leased or rented   b. vacant or unused  c. in excess of that reasonably necessary   d. used to house personnel whose presence is not institutionally necessary  C. Operation of property for benefit of persons  1. In your opinion are services and expenses excessive?   If answer is yes, explain:  2. In your opinion do operations enhance anyone's private gain?   If answer is yes, explain:  3. In your opinion is the claimant's proposed new capital investment, if any, necessary?   If answer is no, explain:  D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant   Yes No If answer is no, explain:  Did owner file an exemption claim?   Recorded   Yes No Ownership in name of claimant?  2. Date of change in ownership   Recorded   Yes No Ownership in name of claimant?  2. Date of completion of new construction   Explain what was constructed  3. Date put to exempt use   If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail   |   | <ul> <li>□ b. commercial</li> <li>□ c. educational</li> <li>□ d. farming</li> <li>□ h. housing</li> </ul>  | j. recreational k. rehabilitation               |  |
| 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary.  C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No If answer is no, explain:  D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain:  E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed 3. Date put to exempt use  | 2.  | 2. Other activities the property is used for are: a. List letters used in B1 $\_$  |   |  |
| 1. In your opinion are services and expenses excessive?  |   | B. All or part (write in all or part where applicable) of the property is: a. lead b. vacant or unused c. in excess of that reason house personnel whose presence is not institutionally necessary |   |  |
| 2. In your opinion do operations enhance anyone's private gain?  If answer is yes, explain:  3. In your opinion is the claimant's proposed new capital investment, if any, necessary?  If answer is no, explain:  D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant  If answer is no, explain:  Did owner file an exemption claim?  Pes No  E. Supplemental Assessment (in claimant's name):  1. Date of change in ownership  Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use  If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail   |   | . In your opinion are services and expenses excessive?   | ☐ Yes ☐ No                                      |  |
| 3. In your opinion is the claimant's proposed new capital investment, if any, necessary?  D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant  Tyes No  If answer is no, explain:  Did owner file an exemption claim?  Pess No  E. Supplemental Assessment (in claimant's name):  1. Date of change in ownership  Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use  If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail   | 2.  | . In your opinion do operations enhance anyone's private gain?   | ☐ Yes ☐ No                                      |  |
| D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant    Yes   No   | 3.  | . In your opinion is the claimant's proposed new capital investment, if any,   | necessary?                                      |  |
| If answer is no, explain:    Did owner file an exemption claim?   Yes   No   |   |  |   |  |
| Did owner file an exemption claim? Yes No  Supplemental Assessment (in claimant's name):  1. Date of change in ownership  Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use  exempt use, describe exempt and nonexempt portions in detail   |   |  |   |  |
| E. Supplemental Assessment (in claimant's name):  1. Date of change in ownership  Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use  exempt use, describe exempt and nonexempt portions in detail   |   |  | Did owner file an exemption claim?              |  |
| Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use   |   | Supplemental Assessment (in claimant's n <mark>a</mark> me):   |   |  |
| <ol> <li>Date of completion of new construction         Explain what was constructed     </li> <li>Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail</li> </ol>   | 1.  | . Date of change in ownership  | Recorded LYes No                                |  |
| Explain what was constructed  3. Date put to exempt use  |   |  |   |  |
| 3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail  | 2.  |  |   |  |
| exempt use, describe exempt and nonexempt portions in detail   | •   | Explain what was constructed   | If only a position of the appropriate out to an |  |
|  | 3.  |  |   |  |
| 4. Notice, date mailed 🗀 Not mailed  | 4   |  |   |  |
| 5. Date claim for exemption from Supplemental Assessment was filed with Assessor   | _   |  |   |  |
| Date first installment of supplemental tax bill becomes (became) delinquent  |   |  |   |  |
| F. A claim for veterans' organization exemption on <i>this</i> property:   |   |  |   |  |
| 1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No   |   |  | No  |  |
| ·  |   | ·  |   |  |
| 3. was not filed last year, but claimed on another property located at   |   |  |   |  |
| G. Recommendation: 1. Approval 2. Denial (part)(all)   | G. Re   | Recommendation: 1. Approval2.  | . Denial (part) (all)                           |  |
| Reason for denial (if partial denial, identify specific area to be denied)   |   |  |   |  |
| Date, Assesso  |   |  |   |  |
| By, Assesso  | De  | ·  |   |  |

