| F-269-FIR-R02-0308-18000069-1<br>DE-269-FIR REV. 02 (03-08)<br>VETERANS' ORGANIZATION E<br>ASSESSOR'S FIELD INSPECTIO                       |  |                       | Nick Ceaglio<br>Lassen Count<br>220 S Lassen Stre<br>Susanville, CA 961<br>Phone: (530) 251-8<br>http://www.lassence | set<br>30-4324                |
|---|--|-----------------------|--|-------------------------------|
| REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT Information for Property No  |  |                       |  | ounty.org/deprassessor/assess |
| Name of organization  |  |                       |  |                               |
| Address of <i>this</i> property   |  | (streat               | city zin code)   |                               |
| Owner only Operator only  | Owner-Operator   | Date of last insp     | pection of property  |                               |
| If claimant is owner, name of operate   | or is  |                       |  |                               |
| If claimant is operator, name of owne   | er is  |                       |  |                               |
| A. Claimant is primarily:<br>(check only one) 1. charita  | able 🗌 2. other <i>(explai</i>                                   | n)                    |  |                               |
| B. Use of property  |  |                       |  |                               |
| 1. The <b>primary activity</b> the pr   |  |                       |  | _                             |
| <ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul> | ☐ e. fraterna<br>☐ f. fund rais<br>☐ g. hospital<br>☐ h. housing |                       | gs i. medical (<br>j. recreation<br>k. rehabilitat<br>l. information   | tion                          |
| 2. Other activities the proper  | rty is used for are: a. Lis                                      | st letters used in B1 | l  |                               |
| b. Other <i>(explain)</i>   |  |                       |  |                               |
| 3. All or part (write in all or part  |  |                       |  |                               |
| b. vacant or unused   |  |                       | sonably necessary  | d. used to                    |
| house personnel whose pre   |  | ly necessary          |  |                               |
| <ul> <li>C. Operation of property for</li> <li>1. In your opinion are services</li> <li>If answer is yes, explain:</li> </ul>               | s and expenses excessiv  | e?                    |  | Yes 🗌 No                      |
| <ol> <li>In your opinion do operation</li> <li>If answer is yes, explain:</li> </ol>  | ns enhance anyone's priv   | vate gain?            |  | Yes No                        |
| <ol> <li>In your opinion is the claim:<br/>If answer is <b>no</b>, explain:</li> </ol>  | ant's <mark>propose</mark> d new cap <mark>it</mark>             | al investment, if an  | y, necessary?  | 🗌 Yes 🗌 No                    |
| D. Ownership of real property (a lf answer is no, explain:  | as of applicable lien date                                       | e) is recorded in exa | act name of claimant   | 🗌 Yes 🗌 No                    |
|   |  |                       | Did owner file an exemption  | claim? 🗌 Yes 🗌 No             |
| E. Supplemental Assessment (i   |  |                       |  |                               |
| 1. Date of change in ownersh  |  |                       | Reco   | orded 🗌 Yes 🗌 No              |
| Ownership in name of clain 2. Date of completion of new   | construction   |                       |  |                               |
| Explain what was construct<br>3. Date put to exempt use   |  |                       | If only a portion o  |                               |
| -   |  |                       |  |                               |
| <ol> <li>Notice: date mailed</li> <li>Date claim for exemption fr</li> </ol>  |  |                       | h Assessor   |                               |
| <ol> <li>Date claim for exemption in</li> <li>Date first installment of sup</li> </ol>  |  |                       |  |                               |
| F. A claim for veterans' organiz  |  |                       |  |                               |
| 1. was filed last year 🗌 Yes  |  |                       |  |                               |
| 3. was not filed last year, but o   | claimed on another prope   | erty located at       |  | - tudine                      |
| G. Recommendation: 1. Approv  |  |                       |  |                               |
| Reason for denial (if partial der   | ( )  |                       |  | (all)                         |
|   |  |                       |  |                               |
| Date  | In   | -                     |  |                               |
|   |  | Ву                    |  | , Designee                    |

