Address of this property	essor/Record	Becky Crafts County of Mariposa Assess 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719		S' ORGANIZATION EXEMPTION R'S FIELD INSPECTION REPORT AR ASSESSMENT EMENTAL ASSESSMENT for Property NoYear ganization	VETERAN VETERAN ASSESSO
□ Owner only □ Owner-Operator Date of last inspection of property If claimant is owner, name of operator is If claimant is operator, name of owner is A. Claimant is operator, name of owner is				this property	Address of
If claimant is owner, name of operator is A. Claimant is operator, name of owner is A. Claimant is primarity: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) a administration e. fraternal and lodge meetings f. medical (not hospital) b. commercial f. f. fund raising c. educational g. hospital n. other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other(explain) actant or unuced n. housing n. other (explain) 3. All or part (write in all or part where applicable) of the property is: la. leased or rented b. Vacant or unuced n. excess of that reasonably necessary d. house personnel whose presence is not institutionally opecasary f. any our opinion do operations enhance anyonels private gain? framswer is yes, explain: In your opinion is the claimant's proposed new capital investment, if any, necessary? franswer is yes, explain: Did owner file an exemption claim? Ye if answer is no, explain: D. Ownership		f property	ate of last inspection of pr	nly 🗌 Operator only 🗌 Owner-Operator	Owner o
If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. The primary activity the property is used for is: (check only one)					
A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)				· · · · · · · · · · · · · · · · · · ·	If claimant is
1. The primary activity the property is used for is: (check only one) a. administration e. fraternal and todge meetings i. medical (not hospital) b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational m. other (explain) c. in excess of that reasonably necessary d. 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 c. Operation of property for benefit of persons l. in your opinion are services and expenses excessive? ref 1. In your opinion is the claimant's proposed new capital investment, if any, necessary? ref ref j. no uropinion is the claimant's proposed new capital investment, if any, necessary? ref ref j. no your opinion is the claimant's name): Did owner file an exemption claim? ref j. Date of change in ownership meeting lif only a portion of the property is exempt and nonexempt portions in detail ref 4. In your opinion is the claimant? point of the property (as of applicable lien date) is recorded in exact name of claimant ref b. able of change in ownership meeting				nt is primarily:	
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b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented		 j. recreational k. rehabilitation l. informational 	lodge meetings	a. administration b. commercial c. educational d. farming m. other (<i>explain</i>)	
 All or part (write in all or part where applicable) of the property is: a. leased or rented					2. Oth
If answer is yes, explain:	d. used to	or rented	operty is: a. leased or re ess of that reasonably neo	or part (write in all or part where applicable) of t vacant or unused c. in se personnel whose presence is not institutiona eration of property for benefit of persons	3. All b. v hou C. Ope
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Ye If answer is no, explain: Did owner file an exemption claim? Ye E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Ye 1. Date of change in ownership Recorded Ye 2. Date of completion of new construction Recorded Ye 3. Date put to exempt use If only a portion of the property is exempt use, describe exempt and nonexempt portions in detail	Yes No	$\frown T_{-}$		our opinion do oper <mark>ations e</mark> nhance an <mark>yone's</mark> pri iswer is yes , explain: our opinion is the <mark>cl</mark> aimant's <mark>propos</mark> ed new capi	2. In y If ar 3. In y
E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Ye 1. Date of change in ownership Recorded Ye Ownership in name of claimant? Recorded Ye 2. Date of completion of new construction Explain what was constructed If only a portion of the property is exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is 4. Notice: date mailed If only a portion of the property is If only a portion of the property is 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Image: Claim for exemption from Supplemental Assessment was filed with Assessor Image: Claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent Image: Claim for exemption exemption on this property: 1. was filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code)	Yes 🗌 No	e of claimant Ses	eco <mark>rde</mark> d in exact name of	ship of real property (as of applicable lien dat	D. Owners
 Date of change in ownership Ownership in name of claimant? Date of completion of new construction Explain what was constructed Date put to exempt use If only a portion of the property is exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Date claim for exemption from Supplemental Assessment was filed with Assessor Date first installment of supplemental tax bill becomes (became) delinquent A claim for veterans' organization exemption on this property: was filed last year Yes No was not filed last year, but claimed on another property located at (give complete address including zip code) 	Yes 🗌 No	ner file an exemption claim? \Box Yes	Did owner	·	
Explain what was constructed 3. Date put to exempt use a. Date put to exempt use b. Date put to exempt and nonexempt portions in detail c. Notice: date mailed c. Date claim for exemption from Supplemental Assessment was filed with Assessor c. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: 1. was filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code)	Yes 🗌 No	Recorded	QE	e of change in ownership	1. Dat Ow
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3. was not filed last year, but claimed on another property located at				-	
(give complete address including zip code)			aatad at	•	
G Recommendation: 1 Approval 2 Denial) .	(give complete address including zip code)			
G. Recommendation: 1. Approval 2. Denial 2. Denial Reason for denial (<i>if partial denial, identify specific area to be denied</i>)	(all)				
Date Inspection for				Ir	Date
Ву	, Designee		Ву		

