| BOE-262-AH (P1) REV. 11 (05-22) | Napa County Assessor-Clerk-Recorder |
|---|--|
| ****** | 1127 First St Room 128 Napa, CA 94559 |
| CHURCH EXEMPTION | PH: (707) 253-4467 |
| PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP | FAX: (707) 253-6171 |
| This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") | |
| NAME AND MAILING ADDRESS | |
| (Make necessary corrections to the printed name and mailing address) | FOR ASSESSOR'S USE ONLY |
| | Received |
| | Approved |
| | Denied |
| | Reason for denial |
| L | |
| To receive the full exemption, this claim must be filed w | |
| If you no longer seek an exemption at this location, check here Sig n a | nd return this form to the Assessor. Date vacated: |
| NAME OF CHURCH, ORGANIZATION, ETC. | |
| WEBSITE ADDRESS (IF ANY) | |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) | |
| CITY, STATE, ZIP CODE | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | ASSESSOR'S PARCEL NUMBER |
| | DATE PROPERTY WAS FIRST USED BY CLAIMAN |
| CITY, COUNTY, ZIP CODE | DATE PROPERTY WAS FIRST USED BY CLAIMAN |
| | DATE PROPERTY WAS FIRST USED BY CLAIMANT |
| 1. Owner and operator: <i>(check applicable boxes)</i> | |
| | |
| Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator or and claims exemption on all Land Buildings and improvements | ly and/or □ Personal property |
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| Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator or and claims exemption on all Land Buildings and improvements Are all buildings and equipment claimed as exempt used solely for religious v Yes No Is the land claimed as exempt required for the convenient use of these buildings | ly and/or ☐ Personal property vorship, including any building in the course of construction? |
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NPA COUNT

John Tuteur

EF-262-AH-R11-0522-28000057-2

BOE-262-AH (P2) REV. 11 (05-22)

| 7. Is the real property listed on this claim owned by the church | h? 🗌 Yes 🗌 No 🛛 If NO, s | state the name and address of c | owner: |
|---|--|---|--|
| OWNER NAME | | | |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) | | CITY, STATE, ZIP CODE | |
| 8. Is leased property, if any, used by the church for parking pu | h, religious denomination, or | • | s? |
| Note: The benefit of a property tax exemption must inure specifically provide that the church exemption is taken into rental payments, or a refund of such payments, if paid, for e one-twelfth of the property taxes not paid during such fiscal lease or rental agreement. | to the church; if the lease of account in fixing the terms each month of occupancy (or | or rental agreement for any lea of agreement, the church shall use), or portion thereof, during | receive a reduction in the fiscal year equal to |
| 9. Are bingo games being operated on this property? If YES, each year for the property, or portion of the property so use | | | sessor by February 15 |
| 10. Is any portion of this property being used for living quarter Note: Living quarters are not eligible for the Church or | | | |
| Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused? | | | |
| If YES, describe that portion: | | | - |
| 12. Has any portion of this property been rented to, leased to, c since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) | | by some person or organization | other than the claimant |
| b. If property is leased to an organization other than a chu sheets if necessary. | rch, provide the name, type | of organization and frequency o | fuse; attach additional |
| NAME | | ТҮРЕ | FREQUENCY |
| NAME | | ТҮРЕ | FREQUENCY |
| 13. Has there been any change in the use of the property of since 12:01 a.m., January 1 last year? Yes No If | | ed and/or completed on this pro | operty |
| 14. Is any equipment or other property at this location being lo Yes No If YES, list the name and address of the listed is not used exclusively for religious | owner and the type, make, m | nodel, and serial number of the ا | |
| Whom should we contact during | normal business hours | for additional information? | |
| NAME | | TITLE | |
| DAYTIME TELEPHONE EMAIL ADDRESS | | | |
| () | | | |
| 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, correct, and complete to the best of my knowledge and belief.

| SIGNATURE OF PERSON MAKING CLAIM | TITLE |
|----------------------------------|-------|
| | |
| NAME OF PERSON MAKING CLAIM | DATE |
| | |

