

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

SUBLEASE							
SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE			
TERM OF POSSESSORY INTEREST (including renewal or extension options)				PAID EXPENSES (if a	ny, enter dollar amount)		
TYPE OF TRANSACTION (check one)				AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	ADDRESS			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PA	ID FOR UNDERLYING LEASE		
SUBLEASE	ORIGINAL TERM	REMAINING TERM			ID FOR MASTER LEASE		
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENCY	PAID EXPENSES (if a	ny, enter dollar amount)		
	ENEWAL SUBLEASE				DERATION (i.e. gross, full service, NNN, other)		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	ADDRESS			
ASSIGNMENTS							
SUBLEASE		REMAINING TERM					
TERM OF POSSESSOF	RY INTEREST (including renewal	REMAINING TERM		PAID EXPENSES (if a	ID FOR MASTER LEASE		
	ENEWAL SUBLEASE	ASSIGNMENT			SIDERATION (i.e. gross, full service, NNN, other)		
	ON OF SUBJECT PROPERTY	ΛΛ			HICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS				
	FORM TO THE ADDRESS		ROPER	TY USAGE			
information identifyin rise to the taxable p form with the Assess IF THERE ARE NO	ng the holders of a taxab possessory interests. If yo or by February 15 . Report FAXABLE POSSES <mark>SORY</mark>	le pos <mark>se</mark> ssory inte ur agency owns ar all taxable posses INTE <mark>R</mark> EST <mark>S</mark> ON F	erest, the ny proper sory inter PROPERT	property involved ty with taxable poss ests occurring in th	, and the terms and conditions of the agreement giving essory interests, you are required to complete and file this e prior year even if they ended in the prior year. S AGENCY, CHECK HERE, AND SIGN, DATE,		
					tity that is the fee owner of real property in which one sessor of the county in which the property is located		
	MAILING ADDRESS ssary corrections to the printed name	e and mailing address)		Г			
				CIFORM	Phone (916) 875-0700 FAX (916) 875-0705 https://assessor.saccounty.gov		

EF-502-P-R03-0516-34000095-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNULAL LIGA OF DEDODT



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR REAL PROPERTY DIVISION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952

		PF	ROPEF	RTY USAGE		
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		U				
			CEF	RTIFICATION		

I certify (or declare) that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and covers any property required to be reported by the agency named in the statement. If prepared by a duly authorized person other than an agency official, the certification declaration is based on all the information of which the preparer has knowledge.

SIGNATURE OF AGENCY REPRESENTATIVE/PREPARER	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE
NAME OF PREPARER	TITLE
PREPARER'S EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER

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