EF-264-AH-R13-0522-38000054-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Assessor-Recorder
1 Dr. Carlton B. Goodlett Place
City Hall - Room 190
San Francisco, CA 94102-4698

Joaquin Torres

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15

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|---|---|--|---------------------------------|--------------------|
| CLAIMANT NAME AND MAILING ADDRESS | | FOR ASSESSOR'S USE ONLY | | |
| (Make necessary corrections to the printed name | e and mailing address) | Received by | | |
| ı | ' | (Asse | ssor's designee) | |
| | | of | | |
| | | (c | ounty or city) | |
| | | on | | |
| L | _ | 011 | (date) | |
| | | L | | |
| If you no longer seek an exemption at this lo | cation, check here 🗌 Sign and retu | urn this form to the Assessor. [|)ate vacated: | |
| | | | | |
| NAME OF CLAIMANT | | | | |
| TITLE OF OLAHAMIT | | | DAYTHE TELEBU | ONE NUMBER |
| TITLE OF CLAIMANT | | | DAYTIME TELEPH | ONE NUMBER |
| CORPORATE NAME OF THE COLLEGE | | | / / / | |
| CON CIVIL IV WILL OF THE COLLEGE | | | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | |
| | / | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESC | RIPTION | DATE PROPE | RTY WAS FIR <mark>ST</mark> USE | D BY CLAIMANT |
| | | | | |
| 1. Owner and operator: (check applicable bo | oxes) | | | |
| | Owner only Operator onl | V | | |
| and claims exemption on all Land | • | and/or ☐ Personal pro | perty | |
| | | | | |
| 2. Does the above institution qualify as a co | llege or seminary of learning under t | he laws of the State of Californ | ia? | |
| YES NO | | | | |
| 3. Is the institution conducted as a non-profi | t entity? | | | |
| YES NO | | V | | |
| | | | | |
| 4. Does the institution require for regular add | mission the completion of a four-yea | r high school course or its equi | valent? | |
| YES NO | | | | |
| 5. Does the institution confer upon its gradua | tes at least one academic or professi | on <mark>al degree, based on</mark> a course | of at least two year | rs in liberal arts |
| and sciences, or on a course of at least th | | | medicine, dentistr | y, engineering, |
| veterinary medicine, pharmacy, architectu | ire, fi <mark>ne</mark> arts, commerce, or journalisi | m? | | |
| YES NO | | | | |
| 6. Is the property for which the exemption is | claimed used exclusively for the pu | urposes of education? | | |
| YES NO | , | • | | |
| | | | | |
| 7. List all buildings and other improvements | | | | |
| sheet if necessary. Indicate whether lease | ed or owned. Please use a separat | e claim form for each Assess | sor's Parcel Numl | ber. |
| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDENTAL USE | | |
| | | | LEASE | OWN |
| | | | LEASE | OWN |
| | | | | |
| | | | LEASE | |
| | | | LEASE | \square OWN |
| | | | LEASE | OWN |
| | | | | |
| | | | LEASE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM