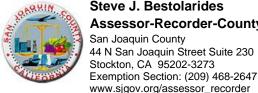
QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS. COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease. L 1 **IDENTIFICATION OF APPLICANT** LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 - 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER **USE OF PROPERTY** Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE INCIDENTAL USE Land Buildings and Improvements Personal Property Yes No The lease confers upon the lesse the exclusive right to possession and use of the property. Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption. Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum. Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.

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 and correct to the best of my knowledge and belief. | | | |
|--|-----------------------|--|--|
| SIGNATURE OF PERSON MAKING CLAIM | DATE | | |
| NAME OF PERSON MAKING CLAIM | TITLE | | |
| EMAIL ADDRESS | DAYTIME TELEPHONE () | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFEIDAVIT FOR EVECUTION BY OUAL EVING INSTITUTIONAL LESS

| AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE NAME OF QUALIFYING LESSEE INSTITUTION | | | | | |
|--|--|---|--|--|--|
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| Check the type of qualifying use of the pr | operty | | | | |
| FREE PUBLIC LIBRARY | | UNIVERSITY OF CALIFORNIA | | | |
| FREE MUSEUM | STATE COLLEGE | NONPROFIT COLLEGE | | | |
| PUBLIC SCHOOL | STATE UNIVERSITY | | | | |
| NAME OF LESSOR | | | | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| COMMENCEMENT DATE OF LEASE | DATE PROPERTY PUT | TO EXEMPT USE | | | |
| etc. Attach a separate listing if necessary. | y 1 of this year. If personal property is being lease | ed, indicate the type, make, model, serial number, | | | |
| PROPERTY TYPE (REAL OR PERSONAL) | | | | | |
| | USE | | | | |
| Yes No The lessee institution has the (one dollar) or any other nor | e option at the end of the lease term of acquiring ninal sum. | the above property described in the lease for \$1 | | | |
| | CERTIFICATION | | | | |
| I any tite (any algorithms) was also a problem of a private of | under the laws of the Otete of Celiferrais that the fe | we are in a send all informations because in all reliance and | | | |

| I certify (or declare) u | nder penalty of perjury | under the laws of the | e State of Californ | ia that the foregoing | and all information hereo | n, including any |
|--------------------------|-------------------------|-----------------------|---------------------|-----------------------|---------------------------|------------------|
| | accompanying statem | ents or documents, is | s true and correct | to the best of my kn | owledge and belief. | |

| SIGNATURE OF PERSON MAKING CLAIM | DATE | | | |
|----------------------------------|-------------------|--|--|--|
| | | | | |
| NAME OF PERSON MAKING CLAIM | TITLE | | | |
| | | | | |
| EMAIL ADDRESS | DAYTIME TELEPHONE | | | |
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