EF-263-A-R06-0612-55000193-1 BOE-263-A (P1) REV. 06 (06-12)

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

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Kaenan Whitman Tuolumne County Assessor - Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

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.

_ commencement date of the lease	_ commencement date of the lease.	
IDENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	4	
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	ELNUMBER	
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 clear property and the name and address of the lessee)	ly identifies the	
PROPERTY TYPE PRIMARY USE INCIDENT	TAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No The lease confers upon the lessee 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 r community college, state college, state university, University of California, or nonprofit college property to		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property descr (one dollar) or any other nominal sum.	ibed in the lease for \$1	
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/comple will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.	ete the lessee's affidavit	
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information accompanying statements or documents, is true and correct to the best of my knowledge and belie	n hereon, including any f.	
SIGNATURE OF PERSON MAKING CLAIM DATE		
NAME OF PERSON MAKING CLAIM TITLE		
INAME OF FERGOR MARKING GEARM		
EMAIL ADDRESS DAYTIME TELEPHONI ()	E	

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RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	OTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of qualifying use of the present	roperty		
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE	
THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DESCRIPTION			
	USE		
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.			
CERTIFICATION			
	under the laws of the State of California that the fo ents or documents, is true and correct to the best o		
SIGNATURE OF PERSON MAKING CLAIM			
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ()	

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