DE-269-FIR R <b>VETER/</b>	-R02-0308-05000138-1 EV. 02 (03-08) ANS' ORGANIZATION EXEMPTION SOR'S FIELD INSPECTION REPORT		Larie Durham Calaveras County As 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356	sessor
SUP	ULAR ASSESSMENT PLEMENTAL ASSESSMENT on for Property No Year:			
	forganization			
	of <i>this</i> property	(street, city, zip code)	voortu (	
(che	nant is primarily: ck only one)			
	of property			
1. TI	he primary activity the property is used for is: (check			
	b. commercial     Image: f. fund raising       c. educational     Image: g. hospital       d. farming     Image: h. housing	d lodge meetings	<ul> <li>i. medical (not hosp</li> <li>j. recreational</li> <li>k. rehabilitation</li> <li>l. informational</li> </ul>	bital)
2. 0	Other activities the property is used for are: a. List le	tters used in B1		
b	o. Other(explain)			-
	<b>All</b> or <b>part</b> ( <i>write <mark>in</mark> all or part where applicable)</i> of the p			
	b. vacant or unused c. in exe		essary	d. used to
	ouse personnel whose presence is not institutionally n	ecessary		
1. Ir	<b>Operation of property for benefit of persons</b> In your opinion are services and expenses excessive?			□ Yes □ No
2. Ir	answer is <b>yes</b> , explain: n your opinion do oper <mark>ations en</mark> hance anyone's private	gain?	$\sim -$	Yes No
3. Ir	f answer is <b>yes</b> , expla <mark>in:</mark> n your opinion is the claimant's proposed new capital in f answer is <b>no</b> , explain:	ivestment, if any, necessary	(?	Yes No
D. Own	ership of real property (as of applicable lien date) is swer is no, explain:	recorded in exact name of	claimant	Yes No
		Did owner	file an exemption claim?	🗌 Yes 🗌 No
	Demental Assessment (in claimant's name):	$\mathbf{O}\mathbf{\Gamma}$	Recorded	🗌 Yes 🗌 No
	Ownership in name of claimant? — Date of completion of new construction			
	Explain what was constructed			
	Date put to exempt use		If only a portion of the pro	
4. N	exempt use, describe exempt and nonexempt portions lotice: date mailed			🗌 Not maile
	Date claim for exemption from Supplemental Assessme			
	Date first installment of supplemental tax bill becomes (			
	aim for veterans' organization exemption on <i>this</i> pr			
	vas filed last year $\ \square$ Yes $\ \square$ No $\$ 2. is new this y			
3. w	vas not filed last year, but claimed on another property	located at	give complete address including zip	code)
G. Reco	ommendation: 1. Approval		(part)	(all)
	ann for denial <i>(if partial denial, identify specific area to</i> a	be denied)		
Data		ction for		
Dale				
		Бу		, Designe

