OE-269 VE	-FIR-R02-0308-12000101-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	THE REAL PROPERTY OF THE REAL	Howard LaHaie Humboldt County As 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276	ssessor
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT rmation for Property No Year: _	W Lite I		
	me of organization			
Ad	dress of <i>this</i> property			
	Owner only Operator only Owner-Operator	(street, city, zip cod	e) property	
	aimant is operator, name of owner is			
	(check only one) 1. charitable 2. other (explain,)		
В.	Use of property 1. The primary activity the property is used for is: (check	le anticana)		
	 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	and lodge meetings ng	 i. medical (not hosp j. recreational k. rehabilitation l. informational 	
2. Other activities the property is used for are: a. List letters used in B1				
	b. Other(<i>explain</i>)			
	 All or part (write in all or part where applicable) of the b. vacant or unused c. in e house personnel whose presence is not institutionally 	excess of that reasonably n		d. used to
	 C. Operation of property for benefit of persons In your opinion are services and expenses excessive 	?		Yes 🗌 No
	 If answer is yes, explain: In your opinion do operations enhance anyone's priva If answer is yes, explain: 	ite gain?	$\frown T$	Yes 🗌 No
	 In your opinion is the claimant's proposed new capital If answer is no, explain: 	investment, if any, necess	ary?	Yes No
D.	Ownership of real property (as of applicable lien date) If answer is no, explain:			└ Yes └ No
E.	Supplemental Assessment (in claimant's name):	Did own	er file an exemption claim?	🗌 Yes 🗌 No
∟.	Date of change in ownership Ownership in name of claimant?	CE	Recorded	🗌 Yes 🗌 No
	2. Date of completion of new construction Explain what was constructed	SE		
	 Date put to exempt use exempt use, describe exempt and nonexempt portion 		If only a portion of the pro	
	 Notice: date mailed			🗌 Not mailed
	6. Date first installment of supplemental tax bill becomes			
F.	A claim for veterans' organization exemption on <i>this</i>			
	3. was not filed last year, but claimed on another proper	tv located at		
G.	Recommendation: 1. Approval	2. Denia	(give complete address including zip	code) (all)
	(all) Reason for denial <i>(if partial denial, identify specific area t</i>	o be denied)		
	Date Inst			
	IIb			
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