EF-264-AH-R13-0522-17000035-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

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

Douglas W. Wacker **County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fav: 707-263-3703

Would Citici 2011-2012.)		1 dx. 101-200 0100		
This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY		
	7	Received by		
		(Assessor's designee)		
		of(county or city)		
		on		
L	_	(date)		
If you no longer seek an exemption at this location, check here Sign	n and retur	urn this form to the Assessor. Date vacated:		
NAME OF CLAIMANT		10 1		
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMB	ER	
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIM	IANT	
4 Owner and according (the strong fightly house)			—	
1. Owner and operator: (check applicable boxes) Claimant is: ☐ Owner and operator ☐ Owner only ☐ Ope	erator only	ilv		
and claims exemption on all Land Buildings and improv	•	and/or Personal property		
2. Does the above institution qualify as a college or seminary of learnin	g under the	the laws of the State of California?		
YES NO				
3. Is the institution conducted as a non-profit entity?		W U J J		
YES NO				
4. Does the institution require for regular admission the completion of a	four-year l	ar high school course or its equivalent?		
YES NO				
5. Does the institution confer upon its graduates at least one academic of and sciences, or on a course of at least three years in professional st veterinary medicine, pharmacy, architecture, fine arts, commerce, or YES NO	tudies, sucl	uch as law, theology, education, medicine, dentistry, enginee		
6. Is the property for which the exemption is claimed used exclusively	for the nur	urposes of education?		
YES NO	ioi allo par	arpood or daddatorr.		
7. List all buildings and other improvements for which exemption is clair			ate	

sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DAYTIME TELEPHONE () 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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM DATE

