EF-264-AH-R13-0522-25000045-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011

| *** | Modoc County Assessor |
|-----|----------------------------------|
| | 204 Sout Court Street, Suite 106 |
| 74 | Alturas, CA 96101 |
| | Phone: (530) 233-6218 |

Fax: (530) 233-6237 assessor@co.modoc.ca.us

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Kristen DePaul

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| Wes. | | |
| 118 | - | 74 |
| C | LIFOR | OIL O |
| ALL STREET | LIFOR | 5555 |

| CALIMANT NAME AND MALE INCLUDEDS. Received by | This claim must be filed by | E.00 n m Ech | muomi 1E | | | | | |
|---|---|---------------------------------------|--|---------------------------------|---|------------------|---------------------|---------------|
| Received by | This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS | | | FOR ASSESSOR'S USE ONLY | | | | |
| f you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated: Sign and return this form to the Assessor. Date vacated: | | | and mailing address) | _ | Possived by | | | |
| f you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated: | I | | | ı | Received by _ | (Assess | or's designee) | |
| f you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated: | | | | | of | (cou | nty or city) | |
| f you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated: Sign and return this form to the Assessor. Date vacated: | | | | | on | | | |
| NAME OF CLAIMANT DAYTIME TELEPHONE NUMBER CORPORATE NAME OF THE COLLEGE ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION | L | | | ٢ | | | (date) | |
| DAYTIME TELEPHONE NUMBER 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. | f you no longer seek an exem | ption at this loc | eation, check here | Sign and retu | rn this form to the | e Assessor. Da | te vacated: | |
| ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIM. | NAME OF CLAIMANT | | | | | | | |
| ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIM. | TITLE OF CLAIMANT | | | | | | DAYTIME TELEPH | ONE NUMBER |
| ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIM. | | | | | | | () | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator only and claims exemption on all Land Buildings and improvements and/or Personal property 2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California? YES NO 3. Is the institution conducted as a non-profit entity? YES NO 4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent? YES NO 5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineer veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism? YES NO 6. Is the property for which the exemption is claimed used exclusively for the purposes of education? YES NO 7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separa 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 OWN LEASE OWN | CORPORATE NAME OF THE COLL | .EGE | | | | | | |
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| Claimant is: | ASSESSOR'S PARCEL NUMBER (| R LEGAL DESCF | RIPTION | | | DATE PROPER | TY WAS FIRST USE | D BY CLAIMANT |
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| 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 OWN LEASE OWN LEASE OWN LEASE OWN LEASE OWN | | e exemption is | claimed used exclusiv | ely for the pu | rposes of educati | ion? | | |
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM