EF-263-A-R07-0617-50000501-1 BOE-263-A (P1) REV. 07 (06-17)

## **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)



## Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

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

L	commencement date of the lease.		
DENTIFICATION OF APPLICANT			
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
DENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 20	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCI	EL NUMBER	
<b>USE OF PROPERTY</b> Check and state the The exemption claim is made for the following p		ase attach a list that clearly	y identifies the
PROPERTY TYPE	INCIDENTA	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No The lease confers upon the less	see the exclusive right to possession and use of	of the property.	
	stitution is one whose property qualifies for the e, state university, University of California, or n		
Yes No The lessee institution has the control (one dollar) or any other nomination.	ption at the end of the lease term of acquiring al sum.	the above property descri	bed in the lease for \$1
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme			te the lessee's affidavit
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the fo or documents, is true and correct to the best o	regoing and all information of my knowledge and belief	hereon, including any
SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM	TITLE		
EMAIL ADDRESS	DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESS	EE INSTITUTION	7011011 B1 Q0			
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
Check the type of qua	lifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMU		☐ COMMUNIT	Y COLLEGE UNIVERSITY OF CALIFORM		
☐ FREE MUSEUM ☐ STATE		☐ STATE COL	LEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCH	☐ PUBLIC SCHOOL ☐ STATE UNIV		ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	PI FASE AT	TACH A COPY OF	 FTHE LEASE AGREE	MENT	
	T ELFROL TRI	17.0117.001 1 01	THE LEMOE MORKEE	VI_IVI	
The following property is letc. Attach a separate list  PROPERTY TYPE (REAL OR PERSONAL)	eased as of January 1 of this ng if necessary.	of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, essary.  PROPERTY DESCRIPTION			
	ee institution has the option ar) or any other nominal sum		ease term of acquiring the	ne above property described in the lease for \$1	
		CERTIFIC	CATION		
	penalty of perjury under the ompanying statements or do			going and all information hereon, including any my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM				DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

