Image: Control of the property is used for are: assessor (a trinity county, org SUPPLEMENTAL ASSESSMENT assessor (a trinity county, org Name of organization	-269-FIR-R02-0308-53001029-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION E ASSESSOR'S FIELD INSPECTIO		Shanna White County Clerk-Record P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398	der-Assessor
Name of organization	SUPPLEMENTAL ASSESSMEN		assessor@trinitycounty.org	
Address of this property Instruct, dip, zip cool Owner only Operator only Owner-Operator Date of last inspection of property If daimant is operator, name of owner is Image: Strain Strai				
□ Owner only □ Owner Operator only □ Date of last inspection of property If claimant is operator, name of operator is	Address of <i>this</i> property			
If daimant is operator, name of owner is If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. Charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) i. medical (not hospital) a. administration e. f. frud raternal and lodge meetings i. medical (not hospital) c. educational g. hospital k. rehabilitation d. f. frud raternal and lodge meetings i. informational m. toher (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other (explain) J. Mio r part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? Yes Not f answer is yee, explain: Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes Not f answer is noe, explain: Did owner file an exemption cla		(street, city, zi,	p code) p of property	
If daimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) i. medical (not hospital) a. administration e. fratemal and lodge meetings i. medical (not hospital) b. commercial f. fund raising j. recensional c. educational g. hospital k. rehabilitation d. farming h. housing l. informational d. farming h. housing l. informational b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacent or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary d. used to house presence is not institutionally necessary C. Operation of property for benefit of persons 1 in your opinion are services and expenses excessive? Yes Not if answer is no, explain: D. Wour opinion are services and expenses excessive? Yes Not if answer is no, explain: Downership of real property (as of applicable lien date) is recorded in exact name of claimant Yes Not if answer is no, explain: D. Ownership of real property (as of applicabl				
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(check only 'one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) 1. medical (not hospital) b. commercial F faternal and lodge meetings 1. medical (not hospital) c. educational g. hospital k. rehabilitation d. farming h. housing 1. informational m. other (explain) 5. Other (explain) 5. Other (explain) 3. All or part (write in all or part where applicable) of the property is: a leased or rented 5. other (explain) b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary 1. In your opinion are services and expenses excessive? Not Not Yes 1. In your opinion are services and expenses excessive? Yes Not 1. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Not 2. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Not 3. B oyour opinion is the claimant's proposed new capital investment, if any, necessary? Yes Not 3. In your opinion is the claimant's name): Did owner file an exemption claim? Yes Not </td <td></td> <td>9 IS</td> <td></td> <td></td>		9 IS		
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□ m. other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused	C. educational	g. hospital	k. rehabilitation	
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3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused		•		
b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons In your opinion are services and expenses excessive? Yes If answer is yee, explain: Yes Note 3. In your opinion do operations enhance anyone's private gain? Yes Note If answer is yee, explain: Yes Note 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Note If answer is no, explain:				
house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion to operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed 3. Date put to exempt use 4. Notice: date mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for exemption from Supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: 1. was filed last year.				
1. In your opinion are services and expenses excessive? Yes Not If answer is yes, explain:				
2. In your opinion do operations enhance anyone's private gain? I answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Notestart 2. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes Notestart 2. Devention of the property (as of applicable lien date) is recorded in exact name of claimant Yes Notestart 3. Devention of real property (as of applicable lien date) is recorded in exact name of claimant Yes Notestart 4. Devention of real property (as of applicable lien date) is recorded in exact name of claimant Yes Notestart 5. Deplemental Assessment (in claimant's name): 1. Date of change in ownership Recorded Yes Notestart 2. Date of completion of new construction	1. In your opinion are services	s and expenses excessive?		🗌 Yes 🗌 No
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D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes Not If answer is no, explain:	3. In your opinion is the claim	ant's proposed new capital investment, if any, neo	cessary?	Yes No
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 E. Supplemental Assessment (in claimant's name): Date of change in ownership	It answer is no , explain:		owner file on exemption claim?	
1. Date of change in ownership Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? If only a portion of new construction Explain what was constructed 3. Date put to exempt use If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Image: Construct of the property is put to ar exemption from Supplemental Assessment was filed with Assessor Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mailed 6. Date first installment of supplemental tax bill becomes (became) delinquent Image: Construct of the property: 1. was filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code) G. Recommendation: 1. Approval 2. Denial (part) (all) Reason for denial (if partial denial, identify specific area to be denied)	E. Supplemental Assessment (i	n claimant's name):		
 Date of completion of new construction			Recorded	🗌 Yes 🗌 No
 3. Date put to exempt use If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: was filed last year Yes No is new this year Yes No G. Recommendation: 1. Approval	Ownership in name of clain 2. Date of completion of new of	nant? construction		
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3. was not filed last year, but claimed on another property located at	1. was filed last year 🗌 Yes	S \square No 2. is new this year \square Yes \square No)	
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