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				
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. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         c. other explain)       seed or rented         3. All or part (write in all or part where applicable) of the property is: a. leased or rented         b. vacant or unused       c. in excess of that reasonably necessary         c. In your opinion are services and expenses excessive?       Yes         1. In your opinion on services and expenses excessive?       Yes       Nt         1. In your opinion on services and expenses excessive?       Yes       Nt         1. In your opinion on services and expenses excessive?       Yes       Nt         1. In your opinion on services and expenses       is recorded in exact name of claimant       Yes       Nt         1. In your opinion on services and expense       is recorded in exact name of claimant       Yes       Nt         1. Date of change in ownership <t< td=""><td></td><td></td><td></td><td></td></t<>				
(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		
1. The primary activity the property is used for is: (check only one) <ul> <li>a. administration</li> <li>f. fund raising</li> <li>i. medical (not hospital)</li> <li>j. recreational</li> <li>f. fund raising</li> <li>i. medical (not hospital)</li> <li>j. recreational</li> <li>g. hospital</li> <li>k. rehabilitation</li> <li>d. farming</li> <li>h. housing</li> <li>l. informational</li> <li>m. other (explain)</li> </ul> <li>All or part (write in all or part where applicable) of the property is: a. leased or rented</li> <li>b. vacant or unused</li> <li>c. in excess of that reasonably necessary</li> <li>d. used to house personnel whose presence is not institutionally necessary</li> <li>v. vacant or unused</li> <li>c. in excess of that reasonably necessary</li> <li>d. used to house personnel whose presence is not institutionally necessary</li> <li>l. ny our opinion are services and expenses excessive?</li> <li>framswer is yee, explain:</li> <li>l. ny our opinion do operations enhance anyone's private gain?</li> <li>framswer is yee, explain:</li> <li>D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant</li> <li>Yes Not If answer is no, explain:</li> <li>Date of change in ownership</li> <li>Date of completion for msupplemental Assessment was filed with Assessor</li> <li>Date of completion of new construction</li> <li>Ex</li>	(check only one) 📋 1. charita	able		
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       l. informational       l. informational         b. Other(explain)       .       .         c. Other activities the property is used for are:       a. List letters used in B1       .         b. Other(explain)       .       .       .         c. in excess of that reasonably necessary       .       .         b. vacant or unused       c. in excess of that reasonably necessary       .         c. Operation of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?       .       Yes       Not         ff answer is yee, explain:       .       .       .       Yes       Not         ff answer is no, explain:       .       .       .       .       Yes       Not         ff answer is no, explain:       .       <		operty is used for is: (check only one)		
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       l. informational       l. informational         b. Other(explain)       .       .         c. Other activities the property is used for are:       a. List letters used in B1       .         b. Other(explain)       .       .       .         c. in excess of that reasonably necessary       .       .         b. vacant or unused       c. in excess of that reasonably necessary       .         c. Operation of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?       .       Yes       Not         ff answer is yee, explain:       .       .       .       Yes       Not         ff answer is no, explain:       .       .       .       .       Yes       Not         ff answer is no, explain:       .       <	a. administration	e. fraternal and lodge meetings	i. medical (not hos	oital)
□       d. farming       □       h. housing       □       l. informational         □       m. other (explain)				
□       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	
2. Other activities the property is used for are: a. List letters used in B1	🗌 d. farming	h. housing	I. informational	
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	☐ m. other <i>(explain)</i>			
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
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:	2. In your opinion do operation	2. In your opinion do operations enhance anyone's private gain?		
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
E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership	D. Ownership of real property (a	as of applicable lien date) is recorded in exact na	ame of claimant	Yes No
<ul> <li>E. Supplemental Assessment (in claimant's name): <ol> <li>Date of change in ownership</li></ol></li></ul>	It answer is <b>no</b> , 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):		
<ol> <li>Date of completion of new construction</li></ol>			Recorded	🗌 Yes 🗌 No
<ul> <li>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</li> <li>4. Notice: date mailed Not mailed</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>F. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year Yes</li> <li>No</li> <li>is new this year Yes</li> <li>No</li> </ol> </li> <li>G. Recommendation: 1. Approval</li></ul>	Ownership in name of clain 2. Date of completion of new of	nant? construction		
exempt use, describe exempt and nonexempt portions in detail	Explain what was construct	ted		
<ul> <li>4. Notice: date mailed Not mailed Not mailed for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>F. A claim for veterans' organization exemption on this property: <ul> <li>1. was filed last year Yes No</li> <li>2. is new this year Yes No</li> <li>3. was not filed last year, but claimed on another property located at</li> <li>G. Recommendation: 1. Approval</li> <li>2. Denial</li></ul></li></ul>				· · ·
<ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>	4. Notice: date mailed	· · · · ·		🗌 Not maile
<ul> <li>F. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year</li> <li>Yes</li> <li>No</li> <li>is new this year</li> <li>Yes</li> <li>No</li> </ol> </li> <li>G. Recommendation: <ol> <li>Approval</li> <li>(all)</li> </ol> </li> <li>Beason for denial (<i>if partial denial, identify specific area to be denied</i>)</li> <li>(all)</li> <li>Date</li> <li>Inspection for</li> <li>, Assess</li> </ul>				
1. was filed last year       Yes       No       2. is new this year       Yes       No         3. was not filed last year, but claimed on another property located at				
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	)	
G. Recommendation: 1. Approval 2. Denial (part) (all) Reason for denial ( <i>if partial denial, identify specific area to be denied</i> ) Date Inspection for, Assess	3. was not filed last year, but o	claimed on another property located at		
Reason for denial (if partial denial, identify specific area to be denied)    Date, Assess				
Date, Assess				
	Date			
		·		

