



List only property that is owned. Leased Property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

| PROPERTY DESCRIPTION   | STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED |                  |                         |                         |                                     |
|--|--|------------------|-------------------------|-------------------------|-------------------------------------|
| <input type="checkbox"/> Land: <i>(Legal description or map book, page and parcel number from most recent tax statement)</i><br><br><input type="checkbox"/> Area: <i>(Acres or square feet)</i>   | Primary use:<br><br>Incidental use:                    |                  |                         |                         |                                     |
| <input type="checkbox"/> Buildings and Improvements<br><table style="width:100%; border: none;"> <tr> <td style="width:15%; text-align: center;">Bldg. No.<br/>or Name</td> <td style="width:15%; text-align: center;">No. of<br/>Floors</td> <td style="width:15%; text-align: center;">No. of<br/>Rooms</td> <td style="width:55%; text-align: center;">Type of<br/>Construction</td> </tr> </table> | Bldg. No.<br>or Name                                   | No. of<br>Floors | No. of<br>Rooms         | Type of<br>Construction | Primary use:<br><br>Incidental use: |
| Bldg. No.<br>or Name   | No. of<br>Floors                                       | No. of<br>Rooms  | Type of<br>Construction |                         |                                     |
| <input type="checkbox"/> Personal Property: Describe - include cost and acquisition dates if applicable. <i>(Attach a seperate sheet if necessary.)</i>  | Primary use:<br><br>Incidental use:                    |                  |                         |                         |                                     |

REMARKS

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| FOR ASSESSOR'S USE ONLY  | <i>Whom should we contact during normal business hours for additional information?</i> |
|--|--|
| Received by _____<br><span style="display: block; text-align: center; font-size: small;"><i>(Assessor's designee)</i></span> | NAME _____   |
| of _____<br><span style="display: block; text-align: center; font-size: small;"><i>(county or city)</i></span>               | ADDRESS <i>(city, state, zip code)</i> _____<br>_____                                  |
| on _____<br><span style="display: block; text-align: center; font-size: small;"><i>(date)</i></span>                         | DAYTIME PHONE NUMBER _____<br>_____  |

**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 and correct to the best of my knowledge and belief.*

|  |                              |
|--|------------------------------|
| SIGNATURE OF PERSON MAKING CLAIM<br>                                 | DATE                         |
| NAME OF CONTACT PERSON<br><br>ADDRESS <i>(city, state, zip code)</i> | TITLE                        |
| EMAIL ADDRESS  | DAYTIME TELEPHONE<br>(     ) |