



CEMETERY EXEMPTION CLAIM

This claim is filed for fiscal year 20__ - 20__

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

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To receive the full exemption, this claim must be filed with the Assessor by February 15.

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NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different from person making claim)

NAME OF ORGANIZATION/CORPORATE NAME FROM ARTICLES (IF INCORPORATED)

ADDRESS OF PROPERTY (CITY, COUNTY, ZIP CODE)

ASSESSOR'S PARCEL NUMBER

Yes No Is the owner organized (or operating) for profit?

Yes No Is the owner incorporated as a non-profit corporation?
If yes, enter the dates of incorporation and amendments: _____

USE OF PROPERTY

Check all that apply.

The property is used or held exclusively for the burial or other permanent deposit of the human dead or for the care, maintenance, or upkeep of such property or such dead.

The property is not used or held for profit.

EXEMPTION

Check only one box unless claim covers both inactive and active cemeteries.

The exemption is claimed for the following described inactive property which constitutes and is used exclusively as a cemetery, no portion of which is being leased, rented, or held for sale by the claimant. Enter the Assessor's parcel number or legal description:
(If this box is checked and the exemption is not claimed for other properties, Sections A and B need not be completed)

The exemption is claimed for the cemetery properties described on the attached property information section(s).

FOR ASSESSOR'S USE ONLY	
<i>(Assessor's designee)</i>	
of _____	<i>(county or city)</i>
on _____	<i>(date)</i>
Number of Section A in claim _____	

Whom should we contact during normal business hours for additional information?

NAME

ADDRESS *(street, city, state, zip code)*

DAYTIME PHONE NUMBER

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EMAIL ADDRESS

CERTIFICATION

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION.



Cemetery / Property Name _____

SECTION A: INFORMATION CONCERNING THE PROPERTY

Claimants must complete separate copies of this section for each property for which exemption is sought. Please read instructions before completing.

1: PROPERTY DESCRIPTION

NAME OF ORGANIZATION _____

ADDRESS OF THIS PROPERTY (street, city, state, zip code) _____ COUNTY _____

ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION _____

- Declaration of Dedication. Date recorded _____ Dedication or zoning not required.
 Declaration of Intention. Date recorded _____ Reason: _____
 Zoning or Cemetery Use Permit. Date granted _____ Total acres of parcel: _____

2: OWNER AND OPERATOR

- Claimant is:** List the name of any organization which owns or operates the property other than claimant: _____
 Owner and Operator _____
 Owner only _____
 Operator only of the cemetery and claims exemption on the: _____
 Land _____
 Buildings and other improvements _____
 Personal property listed herein _____

3: LEASED OR RENTED TO OTHERS

- Yes No Is any portion of the property described above rented, leased, or being used or operated by some other person or organization? If yes, describe that portion and its use, and attach a copy of the lease (rental) agreement: _____
 Yes No Is any equipment or other property at this location being leased, rented, or consigned from someone else? If yes, attach a list that includes the name and address of the owner and the quantity and description of the property. Property so listed is not subject to the exemption and will be assessed by the Assessor if owned by a taxable entity.

4: LAND USE

- Cemetery and related uses:**
 Burial sites in use or offered for sale. Number of acres: _____
 Mausoleum and columbarium. Number of sites: _____
 Land used for other building sites. Number of acres: _____ Total acres of parcel: _____
 Developed roads and parking areas. Number of acres: _____
 Walkways and garden areas. Number of acres: _____
 Land used for all other cemetery uses. Number of acres: _____
Noncemetery uses:
 Not developed (unused) Number of acres: _____
 Land used for all other purposes Number of sites: _____
- Note: total must equal the total reported in the property description above.*

5: BUILDINGS AND IMPROVEMENTS

Building Number or Name	Principal Use	Other Use or Uses

6: PERSONAL PROPERTY

Description	Principal Use	Other Use or Uses



SECTION B: INVENTORY OF UNSOLD BURIAL SITES AND CRYPTS

This section must be completed by profit making organizations. Nonprofit claimants need not answer the following questions. Please read instructions before completing.

7: DEVELOPED CEMETERY PLOTS, LAWN CRYPTS, AND LAWN NICHEs

	Total Number	Number Sold	Unsold Inventory
Cemetery Plots			
Lawn Crypts			
Lawn Niches			

8: CRYPTS AND NICHEs

Do not include preconstruction sales of crypts or niches if construction had not commenced prior to January 1.

MAUSOLEUMS	Total Number	Number Sold	Unsold Inventory
Indoor Crypts (spaces)			
Outdoor Crypts (spaces)			
Niches			

COLUMBARIUMS	Total Number	Number Sold	Unsold Inventory
Niches			

