



**MARK CHURCH**  
**Assessor-County Clerk-Recorder**

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**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	
(Assessor's designee)	
of _____	(county or city)
on _____	(date)
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

( )

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





