EF-265-R10-0513-21000684-1 BOE-265 (P1) REV. 10 (05-13)

## **CEMETERY EXEMPTION CLAIM**



**Assessor-Recorder-County Clerk** 

COUNTY OF MARIN

**EXEMPTIONS DIVISION** P.O. Box C Civic Center Branch San Rafael, CA 94913 (415) 473-3794 www.marincounty.org

**RICHARD N. BENSON** 

This claim is filed for fiscal year 20\_\_\_\_ - 20\_

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

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

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  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 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).  Whom should we contact during normal business hours for additional information?  NAME  ADDRESS (street, city, state, zip code)  EMAIL ADDRESS  EMAIL ADDRESS			
ADDRESS OF PROPERTY (CITY, COUNTY, ZIP CODE)    Yes	NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different f	from person making claim)	
ADDRESS OF PROPERTY (CITY, COUNTY, ZIP CODE)    Yes	NAME OF ODCANIZATION/CODDODATE NAME FROM ARTICLES (IF INIC	ODDODATED)	
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:	NAME OF ORGANIZATION/CORPORATE NAME PROMARTICLES (IF INC.	ORFORATED)	
Yes   No   Is the owner incorporated as a non-profit corporation?   If yes, enter the dates of incorporation and amendments:	ADDRESS OF PROPERTY (CITY, COUNTY, ZIP CODE)		ASSESSOR'S PARCEL NUMBER
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).  Whom should we contact during normal business hours for additional information?  NAME  (Assessor's designee)  of	Yes No Is the owner organized (or operating) for profit?		
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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).  Whom should we contact during normal business hours for additional information?  NAME  ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER  ( )  DAYTIME PHONE NUMBER	The property is used or held exclusively for the burial or othe upkeep of such property or such dead.	r permanent deposit of the humar	dead or for the care, maintenance, or
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business hours for additional information?  NAME  Of	(If this box is checked and the exemption is not claimed	for other properties, Sections A	mation section(s).
Of	FOR ASSESSOR'S USE ONLY	Whom show business how	ıld we contact during normal urs for additional information?
of		NAME	
on	(Assessor's designee)		
Number of Section A in claim DAYTIME PHONE NUMBER ( )		ADDRESS (street, city, state, z	ip code)
Number of Section A in claim DAYTIME PHONE NUMBER ( )			
	, ,	( )	
CERTIFICATION			
I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, a complete to the best of my knowledge and belief.	complete to the		tatements or documents, is true, correct, and
NAME OF PERSON MAKING CLAIM	NAME OF PERSON MAKING CLAIM		
SIGNATURE OF PERSON MAKING CLAIM  TITLE  DATE	SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION.



	Cemetery / Property Name  ION A: INFORMATION CONCERNING THE PROPERTY  Ints must complete separate copies of this section for each property for which exemption is sought. Please read instructions before complete		
1: PROPERTY DESCRIPTION	<u>вестіоп тог еасп ргорепу тог wr</u>	iich exemption is sought. Piet	ase read instructions before completing.
NAME OF ORGANIZATION			
ADDRESS OF THIS PROPERTY (street, city, state, zip co	ode)		COUNTY
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPT	ΓΙΟΝ		
Declaration of Dedication. Date recorded		Dedication or zoning not	required.
<ul><li>Declaration of Intention. Date recorded _</li><li>Zoning or Cemetery Use Permit. Date gra</li></ul>		Reason:	<u> </u>
2: OWNER AND OPERATOR	anteu	Total acres of parcel.	
Claimant is:		List the name of any orga	nization which owns or operates
Owner and Operator			aimaint:
Owner only		and property dates areas of	
<ul><li>Operator only of the cemetery and claims</li></ul>	exemption on the:		
Land	•		
<ul> <li>Buildings and other improvements</li> </ul>			
Personal property listed herein			
3: LEASED OR RENTED TO OTHERS			
Yes No Is any equipment or other pro	e that portion and its use, an perty at this location being le	d attach a copy of the leas	e (rental) agreement:
so listed is not subject to the e			
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:		es of parcel:
Developed roads and parking areas.	Number of acres:	Note: tota	al must equal the total reported in
☐ Walkways and garden areas.	Number of acres:		erty description above.
Land used for all other cemetery uses.	Number of acres:	<del></del>	
Noncemetery uses:  Not developed (unused)	Number of acres:		
<ul><li>Not developed (unused)</li><li> Land used for all other purposes</li></ul>	Number of sites:		
5: BUILDINGS AND IMPROVEMENTS	Number of sites.		
	<u> </u>		<b>2</b> /1 11 11
Building Number or Name	Principal Us	ie	Other Use or Uses
6: PERSONAL PROPERTY			
	<b>B</b> 2	_	04
Description	Principal Us	e	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			

# INSTRUCTIONS FOR FILING CLAIM FOR PROPERTY TAX EXEMPTION UNDER THE CEMETERY EXEMPTION PROVISIONS

#### FILING OF CLAIM

Claims for the cemetery exemption must be signed and filed with the county Assessor.

An officer or duly authorized representative of the organization owning the property must sign the claim.

The Assessor will supply claim forms.

#### TIME FOR FILING

To receive the full exemption the claim must be filed each year on or before February 15. Only 90 percent of any tax or penalty or interest thereon may be canceled or refunded when a claim is filed between February 16 of the current year and January 1 of the following calendar year; if the application is filed thereafter, only 85 percent of any tax or penalty or interest thereon may be canceled or refunded. In no case, however, is the tax, penalty, and interest for a given year to exceed \$250.

#### PREPARATION OF CLAIM

All claimants must execute the claim and, except where an exemption is being claimed for inactive cemetery property, provide the property information requested in Section A. Only claimants organized for profit need complete Section B. **All questions must be answered**. If you do not answer all the questions, your claim may be denied. Leave no blanks; use "no," "none," or "not applicable" where needed.

If the entire property is not qualified, a partial exemption will be granted for any portion which satisfies the requirements.

#### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

#### **USE OF PROPERTY**

Check the appropriate box to indicate whether or not the owner is organized or operates for profit. If organized as a nonprofit corporation, enter the date(s) of incorporation and any amendments to the articles of incorporation on line 6.

A nonprofit organization filing for the first time **must** attach a certified copy of the Articles of Incorporation or comparable instrument for unincorporated organizations, together with all amendments and revisions thereto. After the first filing, only subsequent amendments or revisions to the articles or comparable instrument need be submitted with each claim. Approval of your claim for cemetery exemption cannot be given if proper documentation is not on file in the Assessor's Office.

#### **EXEMPTION**

Check the appropriate box and enter the Assessor's parcel number or legal description when required. If necessary, use the back of the claim for lengthy legal descriptions or attach an additional sheet. **This completes the claim only for organizations claiming a total exemption of an inactive cemetery property,** in which no portion is being leased, rented, or held for sale by the claimant. Claims for all other properties must include Section A.

## **SECTION A: INFORMATION CONCERNING THE PROPERTY**

Except as indicated in the preceding paragraph, Section A is to be completed by both profit-making and nonprofit cemetery organizations. A separate Section A must be completed and filed for each property for which total or partial exemption is sought. The information furnished must be restricted to the particular property. Give the exact name of the organization, address of the property, and the county of location.

The term *property* as used here means any operating unit of property consisting of one parcel or several contiguous parcels for which an exemption is sought even though there may be several improvements and separate buildings thereon. All personal property for which an exemption is sought should be listed. If more than one Section A is filed, each Section A should be numbered for convenient reference.

#### PROPERTY DESCRIPTION

List each parcel on which a portion of the operating cemetery is located. Enter the Assessor's parcel number(s) or legal description(s). Indicate the total area (in acres) of all parcels. Use additional sheets if necessary. If the owner has recorded a "Declaration of Intention" or "Declaration of Dedication" of the property for which the exemption is claimed, or if cemetery zoning or a special use permit was granted for the property, check the appropriate box(es) and enter the corresponding date(s) or recorder's reference(s). If dedication and zoning are not required, check the corresponding box and explain.

## **OWNER AND OPERATOR**

Check the appropriate boxes to identify the owner and operator of the property and the classifications of property for which total or partial exemption is sought. If an organization or individual other than the claimant owns or operates the property, identify the organization or individual in the space provided.

### **LEASED OR RENTED TO OTHERS**

If any portion of the property is rented, leased, or being used or operated by some other person or organization, copies of their leases or agreements must be submitted. If the leases or other agreements have been filed in prior years, it is only necessary to attach copies of subsequent extensions, modifications, and changes.

## **LAND USE**

Designate the exact acreage for each use. Report one combined figure for all building sites other than mausoleums and columbariums, which must be shown separately. Report appurtenant walkways, gardens, and parking lots separately. The total acreage includes both cemetery and noncemetery uses.



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#### **BUILDINGS AND IMPROVEMENTS**

List all buildings and other improvements on the land, such as mausoleums, columbariums, chapels, corporation yard improvements, irrigation systems, mortuaries, and crematoriums (do not include landscaping). List separately any improvements used partially for exempt purposes and partially for taxable purposes. Use additional sheets if necessary. Principal use column: List the principal use of each. Other use or uses column: List all other uses of specific buildings and improvements. Enter "none" if there is no other use.

#### PERSONAL PROPERTY

List all personal property for which an exemption is sought. Group items into broad categories such as cemetery maintenance tools and equipment, grave digging equipment, and office furniture. List separately any personal property used partially for exempt purposes and partially for taxable purposes. Principal use column: Indicate the principal use of the property (e.g., maintaining cemetery grounds). Other use or uses column: List any other uses (e.g., farming). Enter "none" if there is no other use. Leased personal property should be listed in the LEASED OR RENTED TO OTHERS section.

## SECTION B: INVENTORY OF UNSOLD BURIAL SITES, CRYPTS, AND NICHES

Section B must be completed by all profit-making organizations (any claimant answering "yes" to question 5) seeking the cemetery exemption. List the owner's inventory of unsold burial sites, crypts, and niches as of 12:01 a.m., January 1. Include those acquired by the owner through trades or defaulted contracts as unsold.

# DEVELOPED CEMETERY PLOTS, LAWN CRYPTS, AND LAWN NICHES

Report cemetery plots in terms of number of burial sites and crypts. Land developed as burial sites, which are either in use or being offered for both at-need and pre-need sales, is to be reported separately from land designated and offered only for pre-need sales. Show (1) the total number, (2) the number sold, and (3) the unsold inventory. Developed burial sites row: report "developed" plots located in operating units of the cemetery in which burial activity takes place. Offered for pre-need sales only row: Limit number to plots in operating units of the cemetery which remain undeveloped or in a semi-developed state and in which no burial activity takes place.

#### **CRYPTS AND NICHES**

Show (1) the total number of crypts or niches, (2) the number sold, and (3) the inventory on hand. Do not report preconstruction sales if construction had not commenced prior to the lien date.

#### ADDITIONAL INFORMATION

Upon request, the owner and the operator must furnish additional information to the Assessor. The Assessor may institute an audit or verification of the operations of the claimant.

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