EF-265-R10-0513-41000389-1 BOE-265 (P1) REV. 10 (05-13)

## **CEMETERY EXEMPTION CLAIM**

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



**Assessor - County Clerk - Recorder** 

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500

**MARK CHURCH** 

Fax: (650) 599-7435 email: assessor@smcacre.gov web: www.smcacre.gov

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | person making claim)                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |
| NAME OF ORGANIZATION/CORPORATE NAME FROM ARTICLES (IF INCORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORATED)                                                                                                                                                               |
| 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 amendr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on?<br>ments:                                                                                                                                                         |
| USE OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |
| Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                       |
| The property is used or held exclusively for the burial or other pe upkeep of such property or such dead.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rm <mark>an</mark> ent deposit of the human dead or for the care, maintenance, or                                                                                     |
| ☐ The property is not used or held for profit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                       |
| EXEMPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |
| Check only one box unless claim covers both inactive and activ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | re cem <mark>eterie</mark> s.                                                                                                                                         |
| The exemption is claimed for the following described inactive proportion of which is being leased, rented, or held for sale by the claimed for the exemption is not c |                                                                                                                                                                       |
| The exemption is claimed for the cemetery properties described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on the attached property information section(s)                                                                                                                       |
| The exemption is dialined for the centetery properties described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on the attached property information section(s).                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Whom should we contest during normal                                                                                                                                  |
| FOR ASSESSOR'S USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Whom should we contact during normal business hours for additional information?                                                                                       |
| FOR ASSESSOR'S USE ONLY  (Assessor's designee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Whom should we contact during normal business hours for additional information?  NAME                                                                                 |
| (Assessor's designee)  of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |
| (Assessor's designee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                                                                                                                                                                  |
| of(Assessor's designee)  of(county or city)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                                                                                                                                                                  |
| of(Assessor's designee)  Of(county or city)  On(date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS (street, city, state, zip code)                                                                                                                               |
| of(Assessor's designee)  of(county or city)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                                                                                                                                                                  |
| of(Assessor's designee)  Of(county or city)  On(date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS (street, city, state, zip code)                                                                                                                               |
| of(Assessor's designee)  Of(county or city)  On(date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER  ( )                                                                                                    |
| of(Assessor's designee)  of(county or city)  on(date)  Number of Section A in claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER  ( )  EMAIL ADDRESS                                                                                     |
| of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER ( ) EMAIL ADDRESS  RTIFICATION including any accompanying statements or documents, is true, correct, as |
| of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER  ( )  EMAIL ADDRESS                                                                                     |
| of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS (street, city, state, zip code)  DAYTIME PHONE NUMBER ( ) EMAIL ADDRESS  RTIFICATION including any accompanying statements or documents, is true, correct, as |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION.



|                                                                                         | Cemetery / Property Name             |                              |                                          |
|-----------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------------------------|
| SECTION A: INFORMATION CONCERNIN                                                        |                                      |                              |                                          |
| Claimants must complete separate copies of this sec                                     | tion for each property for which     | ch exemption is sought. Plea | ise read instructions before completing. |
| 1: PROPERTY DESCRIPTION  NAME OF ORGANIZATION                                           |                                      |                              |                                          |
| NAME OF ONGANIZATION                                                                    |                                      |                              |                                          |
| ADDRESS OF THIS PROPERTY (street, city, state, zip code                                 | )                                    |                              | COUNTY                                   |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTIO                                            | N                                    |                              |                                          |
|                                                                                         |                                      |                              |                                          |
| <ul><li>Declaration of Dedication. Date recorded</li></ul>                              |                                      | Dedication or zoning not r   |                                          |
| Declaration of Intention. Date recorded                                                 | Reason:                              |                              |                                          |
| Zoning or Cemetery Use Permit. Date grant                                               | ted                                  | Total acres of parcel:       |                                          |
| 2: OWNER AND OPERATOR                                                                   |                                      |                              |                                          |
| Claimant is:                                                                            |                                      |                              | nization which owns or operates          |
| Owner and Operator                                                                      |                                      | the property other than cla  | aimaint:                                 |
| Owner only                                                                              | comption on the                      |                              |                                          |
| Operator only of the cemetery and claims ex                                             | temption on the.                     |                              |                                          |
| <ul><li>☐ Land</li><li>☐ Buildings and other improvements</li></ul>                     |                                      |                              |                                          |
| Personal property listed herein                                                         |                                      |                              |                                          |
| 3: LEASED OR RENTED TO OTHERS                                                           |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
| Yes No Is any portion of the property de organization? If yes, describe the             |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
| Yes No Is any equipment or other prope                                                  |                                      |                              |                                          |
|                                                                                         |                                      |                              | escription of the property. Property     |
| so listed is not subject to the exe                                                     | emption and will be assess           | ed by the Assessor if own    | ed by a taxable entity.                  |
| 4: LAND USE                                                                             |                                      |                              |                                          |
| Cemetery and related uses:                                                              | N                                    |                              |                                          |
| Burial sites in use or offered for sale.                                                | Number of acres:                     |                              |                                          |
| Mausoleum and columbarium.                                                              | Number of sites:                     | — Tatal a                    |                                          |
| Land used for other building sites                                                      | Number of acres:                     | Total acre                   | es of pa <mark>rc</mark> el:             |
| <ul><li>Developed roads and parking areas.</li><li>Walkways and garden areas.</li></ul> | Number of acres:<br>Number of acres: | Note: tota                   | al must equal the total reported in      |
| Land used for all other cemetery uses.                                                  | Number of acres:                     | the prope                    | rty de <mark>sc</mark> ription above.    |
| Noncemetery uses:                                                                       | Number of acres. —                   |                              | _                                        |
| ☐ Not developed (unused)                                                                | Number of acres:                     |                              |                                          |
| ☐ Land used for all other purposes                                                      | Number of sites:                     |                              |                                          |
| 5: BUILDINGS AND IMPROVEMENTS                                                           | Trumber of sites.                    |                              |                                          |
|                                                                                         | Principal Use                        |                              | Other Use or Uses                        |
| Building Number or Name                                                                 | Principal Use                        |                              | Other use or uses                        |
|                                                                                         |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
|                                                                                         |                                      |                              |                                          |
| a percount property                                                                     |                                      |                              |                                          |
| 6: PERSONAL PROPERTY                                                                    |                                      |                              | 1                                        |
| 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       |              |             |                  |





# 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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