CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	Striving to be the Best	Stanislaus County Assessor 1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor	
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")			
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			
Γ	Г	FOR ASSESSOR'S USE ONLY	
		Received	
		Approved	
		Denied	
L	I	Reason for denial	
To receive the full exemption, this claim r	_ must be filed wi	th the Accessor by February 15	
□ Check here if you no longer seek an exemption at			
NAME OF CHURCH, ORGANIZATION, ETC.			
WEBSITE ADDRESS (IF ANY)			
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)			
CITY, STATE, ZIP CODE			
ADDRESS OF PROPERTY (NUMBER AND STREET)		ASSESSOR'S PARCEL NUMBER	
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIM	
and claims exemption on all 👘 🗌 Lan <mark>d 🔲</mark> Buildings a <mark>nd</mark> imp			
 2. Are all buildings and equipment claimed as exempt used solely for Yes No 3. Is the land claimed as exempt required for the convenient use of t 			
☐ Yes ☐ No 3. Is the land claimed as exempt required for the convenient use of t			
Yes No	hese buildings?	ng purposes necessarily and reasonably required fo	
 ☐ Yes ☐ No 3. Is the land claimed as exempt required for the convenient use of t ☐ Yes ☐ No 4. Is all real property used by the church upon which exemption is parking of automobiles of persons attending or engaged in relig 	hese buildings?	ng purposes necessarily and reasonably required fo	
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Stanislaus

Don H. Gaekle

EF-262-AH-R10-0519-50000182-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this	s claim owned by the church? U Ye	s 🔝 No If NO, state the nam	e and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND	STREET/P. O. BOX)	CITY, STAT	E, ZIP CODE
Yes No If YES, is th	by the church for parking purposes? e congregation of the church, religious o If YES, the property, or portion ther		
specifically provide that the church rental payments, or a refund of s	rch exemption is taken into account i such payments, if paid, for each month	in fixing the terms of agreemen n of occupancy (or use), or porti	ement for any leased property does not t, the church shall receive a reduction in on thereof, during the fiscal year equal to The assessor may request a copy of the
	ed on this property? If YES, a claim fo ortion of the property so used, to be ex		be filed with the Assessor by February 15
10. Is any portion of this property	being used for living quarters for any p	person? If YES, describe that p	ortion: 🗌 Yes 🗌 No
Exemption. Contact the Assess	eligible for the Church or Religious sor. vacant and/or unused? □ Yes □ N		rters may be exempt under the Welfare
If YES, describe that portion:			
12. Has any portion of this property since 12:01 a.m., January 1 la		ed and/or operated by some pers	son or organization other than the claimant
a. If property is leased to anoth CHURCH NAME	ner church, provide the name and mai	ling address:	
MAILING ADDRESS (NUMBER AND	STREET/P. O. BOX)	CITY, STAT	E, ZIP CODE
	ganization other than a church, provid	de the name, type of organization	on and frequency of use; attach additional
sheets if necessary. NAME		ТҮРЕ	FREQUENCY
NAME		TYPE	FREQUENCY
		ТҮРЕ	Theodenet
 the user/operator both file a clai 13. Has there been any change in since 12:01 a.m., January 1 la 14. Is any equipment or other prop Yes No If YES, list th 	im for the Welfare Exemption, Contac n the use of the property or any cons st year? Yes No If YES, des perty at this location being leased or re e name and address of the owner and	t the Assessor. truction commenced and/or co cribe: ented from someone else? I the type, make, model, and se	nay be exempt if the claimant (owner) and mpleted on this property rial number of the property. If the property e property (<i>attach schedule as necessary</i>):
Whom s	hould we contact during normal b	ousiness hours for addition	al information?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
	CERTIF	ICATION	
	of perjury under the laws of the State atements or documents, is true, correc		and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

