	Mappin	Shelly Scott
-262-АН-R09-0515-21000399-1 E-262-АН (Р1) REV. 09 (05-15)	COUNTY	Assessor-Recorder-County Clerk County of Marin
CHURCH EXEMPTION	20.0	P.O. Box C
PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	Contraction	San Rafael, CA 94913 Phone: (415) 473-7215 Fax: (415) 473-6542
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 wo enter "2011-2012.")	buld	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
To receive the full exemption, this claim	must be filed wit	th the Assessor by February 15.
Check here if you no longer seek an exemption a	at this location. S	ign and return this form to the Assessor.
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 CLAIMANT
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only] Operat <mark>or on</mark> ly	
and claims exemption on all 🛛 🗆 Land 🔲 Buildings and in	nprovements and/	′or
2. Are all buildings and equipment claimed as exempt used solely	for religious worship,	including any building in the course of construction?
□ Yes □ No		
3. Is the land claimed as exempt required for the convenient use of	f these buildings?	Yes 🗌 No
4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in re commercial purposes?		
🗌 Yes 🗌 No		
Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking purp if the congregation of the church, religious congregation, or sec	oses. Leased property	y used for parking purposes is eligible for exemption only
5. List all uses of the property:	<u> </u>	
6. a. Is an elementary school and/or secondary school being operation	ated at this location?	
b. Is a children's day care center being operated at this location and infant care centers)?	n (a children's day ca	re center includes licensed nursery schools, preschools
Yes No		
Note: If the answer is YES to a. or b. above, the property is not elig		

grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The claimant may wish instead to annually file by February 15 for the Welfare Exemption.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner: OWNER NAME

OWNER NAME			
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP C	ODE
Yes No If YES, is	ed by the church for parking purposes? s the congregation of the church, religious do] No If YES, the property, or portion thereof		
that the church exemption payments, or a refund of su	perty tax exemption must inure to the chunn is taken into account in fixing the terr uch payments, if paid, for each month of or axes not paid during such fiscal year by reas	ms of agreement, the church sha ccupancy (or use), or portion there	all receive a reduction in rental
	rated on this property? If YES, a claim for th r portion of the property so used, to be exen		with the Assessor by February 15
10. Is any portion of this prope	rty being used for living quarters for any per-	son? If YES, describe that portion:	🗌 Yes 🛄 No
Exemption. Contact the Ass		emptions. Certain living quarters ma	ay be exempt under the Welfare
11. Is any portion of this prope If YES, describe that portio			
	erty been rented to, leased to, or been used a 1 last year? Yes No	and/or operated by some person or or	rganization other than the claimant
	nother church, provide the name and mailin	g address:	
CHURCH NAME			
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP C	ODE
 b. If property is leased to a sheets if necessary. 	n organization other than a church, provide	the name, type of organization and	frequency of use; attach additiona
NAME		Туре	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
	rs (except for worship only) is not eligible fo claim for the Welfare Exemption. Contact th		exempt if the claimant (owner) and
	e in the use of the property or any construct 1 last year?		on this property
Yes No If YES, lis	property at this location being leased or rent t the name and address of the owner and th ot used exclusively for religious worship, plea	e type, make, model, and serial num	
	n should we contact during normal bus	1	
NAME		IT	TLE
DAYTIME TELEPHONE	EMAIL ADDRESS	I	

CERTIFICATION

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

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

