

**Form  
AE**

**KANSAS SECRETARY OF STATE  
Assertion of Exemption**

**Kansas Secretary of State, Audit Manager:**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
audit@sos.ks.gov  
www.sos.ks.gov

**Directions:** This form must be completed in full (typewritten or printed in ink) and signed.

Name of Legal Owner		Phone	
Address	City	State	Zip

Common Name of Cemetery		County	
Address	City	State	Zip

**The above named cemetery claims exemption to the provisions of K.S.A 17-1308, 17-1311, 17-1312, and 17-1312 a to 17-1312e, inclusive, and amendments thereto, based on the following statutory exemption:**

_____ <b>17-1312f (a)</b>	Any municipality, corporation or quasi-corporation within the state of Kansas which is empowered to issue bonds in payment of which taxes may be levied.
_____ <b>17-1312f (b)</b>	Any nonprofit organization formed primarily for religious purposes and constituting an established church and which sells or conveys cemetery lots solely to the members of its own church or to persons related by consanguinity, either lineal or collateral, by adoption, or by marriage to any such member.
_____ <b>17-1312f (c)</b>	Any cemetery existing on March 1, 1968, located in a county designated as urban, and owned and operated on said date by a nonprofit organization.
_____ <b>17-1312f (d)</b>	Any cemetery having a permanent maintenance fund of less than ten thousand dollars (\$10,000) which was organized prior to January 1, 1900, and which has been maintained and operated continuously since such date.

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this form and supplied in any attachments thereto is true and correct.

Name of Signer (Printed or typed)	Title		
Signature of Owner or Officer	Month	Day	Year
X			