

SURVIVING SPOUSE – AGED PERSON - MINOR
G.L. CH 59 SEC. 5, CL. 17D

THE COMMONWEALTH OF MASSACHUSETTS
Town of Holliston

FISCAL YEAR

APPLICATION FOR STATUTORY EXEMPTION

**MUST BE FILED WITH THE BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS AFTER
ACTUAL, (not preliminary) TAX BILLS ARE MAILED FOR FISCAL YEAR, IF LATER.**

BILL #: _____

MAP _____ BLOCK _____ LOT _____

PHONE NO: _____

MARITAL STATUS: _____

DATE OF BIRTH: _____

PROPERTY LOCATION: _____ # OF DWELLING UNITS: _____

Did you own the property on **July 1,** _____? Yes – No

If yes, were you SOLE OWNER _____ CO-OWNER WITH SPOUSE ONLY _____ CO-OWNER WITH OTHERS _____

Was the property subject to a trust as of **July 1,** _____ Yes – No (If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes – No

If yes, name of city or town: _____ Amount exempted \$ _____

PERSON 70 YEARS OR OLDER:

Date of Birth

(If first year of application, attach copy of birth certificate)

Have you owned and occupied the property as your domicile for at least 10 years? _____ Yes _____ No

If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK ✓ CLASSIFICATION UNDER WHICH YOU CLAIM EXEMPTION.

<input type="checkbox"/> Person over 70 years of age	Date of birth	Place
<input type="checkbox"/> Minor whose parent is Deceased	Date of birth	Place
	Date of parent's death	Place
<input type="checkbox"/> Surviving Spouse	Date of spouse's death	Place

Are you a surviving spouse or minor child

Insurance received \$ _____ Name of Insurance Company: _____

Minor children, Names and Ages: _____

VALUE OF ALL PROPERTY OWNED ON **JULY 1,** _____. Documentation may be requested to verify assets.

PERSONAL ESTATE:
Bank Account
ACCOUNTS TO INCLUDE: CHECKING, SAVINGS, STOCKS, BONDS, SECURITIES, IRA, & CD'S ETC.

