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.

MAPBLOCKLOT _		DILI	L #:			
	PHONE NO:					
	MARITAL S	MARITAL STATUS:				
	DATE OF BI	RTH:				
PROPERTY LOCATION:	CATION: # OF DWELLING UNITS:					
Did you own the property on July 1 , If yes, were you SOLE OWNER	? Yes – No CO-OWNER WITH SPOUSE ON	LY CO-OWNER W	TTH OTHERS			
Was the property subject to a trust as of	<u>July 1,</u> Yes – No (If yes, attac	h trust instrument including all	schedules.)			
	n any other city or town for this year? Y		npted \$			
PERSON 70 YEARS OR OLDER:	(If first year o	Date of Birth f application, attach copy of birt	th certificate)			
Have you owned and occupied the prope	(If first year o erty as your domicile for at least 10 years d and/or occupied during the past 10 year	f application, attach copy of birt YesNo				
If no, list the other properties you owned Address	erty as your domicile for at least 10 years d and/or occupied during the past 10 year Dates	f application, attach copy of birt ?YesNo s. Owned Occu	upied			
Have you owned and occupied the properties from the other properties you owned Address Address CHECK CLASSIFICATION UNDER	erty as your domicile for at least 10 years d and/or occupied during the past 10 year	f application, attach copy of birt ?YesNo s. Owned Occu	ıpied			
Have you owned and occupied the properties from the other properties you owned Address Address CHECK CLASSIFICATION UNDER Person over 70 years of age	erty as your domicile for at least 10 years d and/or occupied during the past 10 year Dates R WHICH YOU CLAIM EXEMPTION.	f application, attach copy of birt ?YesNo s. Owned Occu	ıpied			
Have you owned and occupied the properties from the other properties you owned Address Address CHECK CLASSIFICATION UNDER Person over 70 years of age	erty as your domicile for at least 10 years d and/or occupied during the past 10 years Dates R WHICH YOU CLAIM EXEMPTION. Date of birth	f application, attach copy of birt ?YesNo s. Owned Occu	ıpied			
Have you owned and occupied the properties no, list the other properties you owned Address Address CHECK ✓ CLASSIFICATION UNDER Person over 70 years of age Minor whose parent is Deceased	erty as your domicile for at least 10 years d and/or occupied during the past 10 years Dates R WHICH YOU CLAIM EXEMPTION. Date of birth Date of birth	f application, attach copy of birt ?YesNo s. Owned Occu Place Place Place	ıpied			
Have you owned and occupied the properties from the other properties you owned Address Address CHECK CLASSIFICATION UNDER Person over 70 years of age Minor whose parent is Deceased Surviving Spouse	Pate of birth Date of parent's death Date of spouse's death	Place Place Place Place	ıpied			
Have you owned and occupied the proper If no, list the other properties you owned Address Address CHECK ✓ CLASSIFICATION UNDER Person over 70 years of age Minor whose parent is Deceased Surviving Spouse Are you a surviving spouse or minor chi	Pate of birth Date of parent's death Date of spouse's death	r application, attach copy of birth street s	apied			

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

REAL ESTATE: Domicile: Other:	Assessed Valuation		Amount Due on Mortgage	Value			
PERSONAL ESTAT Bank Account ACCOUNTS TO INC		SAVINGS, STOCKS	, BONDS, SECURITIES, II	RA, & CD'S ETC.			
Name of Bank		Type of account	Account Number	VALUE			
Motor Vehicles and T	Γrailers						
Year	Make		Model	Value			
Other Non-Exempt Personal Property							
Kind	Description	Description		VALUE			
			TOTAL	\$			
THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF THE TAX.							
SIGNATURE: Sign below to complete the application.							
			pains and penalties of perjuements are true, correct and	rry, I declare that to the best of my complete.			
	Your Signature		_				
	□ GRANTED	Date Voted/Deemed	Denied As	sessed			
	□ DENIED	Certificate No.	Ex	empted Tax			
		Date Cert./Notice Se	ent Ac	Adjusted Tax			
		Exemption: Clause	17D				
			-				
Town of Holliston Board of Assessors							