

The Commonwealth of Massachusetts

DRACUT

Name of City or Town

17	42&43
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

**SURVIVING SPOUSE OR MINOR
FISCAL YEAR 2011 APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, § 5**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: **Board of Assessors**

Must be filed with assessors on or before December 15
or 3 months after actual (not preliminary) tax bills are
Mailed for fiscal year if later.

INSTRUCTIONS: Complete the following. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, 2010 _____	Mailing Address (If different) _____
No. Street City/Town Zip Code	
Location of Property: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you own the property on July 1, 2010? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, 2010? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of city or town _____ Amount exempted \$ _____	

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

Board of Assessors

B. EXEMPTION STATUS. Complete the questions that follow.

<input type="checkbox"/> SURVIVING SPOUSE	Deceased Spouse's Name _____
	Date of Death _____
	Have you remarried? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, date of remarriage</i> _____
<input type="checkbox"/> MINOR WITH PARENT DECEASED	Deceased Parent's Name _____
	Date of Death _____
<i>If first year of application, attach a copy of death certificate.</i>	
Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF NO, GO ON TO SECTION C	
<i>If yes, and this is the first year of application, provide circumstances of death.</i>	

GO ON TO SECTION D	

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section. Documentation may be requested to verify your assets.

Real Estate	Assessed valuation	Amount due on mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
Personal Estate	Bank accounts: Name & address of bank		Value
	_____		_____
	_____		_____
	Stocks, bonds, securities, etc.: Description & amount		Value
	_____		_____
	_____		_____
	Motor vehicles & trailers: Year/Make/Model		Value
	_____		_____
	Other non-exempt personal property: Kind & description		Value
	_____		_____
	_____		_____
	TOTAL		_____
GO ON TO SECTION D			

D. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Signature	Date
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.