

CANTON
FISCAL YEAR 20__

SURVIVING SPOUSE/SENIOR 70 AND OLDER

APPLICATION FOR STATUTORY EXEMPTION
CHAPTER 59, SECTION 5, CLAUSE 17D

MUST BE FILED WITH BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS AFTER ACTUAL (NOT PRELIMINARY) TAX BILLS ARE MAILED.

A. (COMPLETE THIS APPLICATION FULLY)

NAME _____

MARITAL STATUS _____ SOCIAL SECURITY _____

DOMICILE AND LOCATION OF PROPERTY AS OF July 1st _____

MAILING ADDRESS (IF DIFFERENT) _____ TEL. NO _____

DID YOU OWN PROPERTY AS OF July 1st YES _____ NO _____ IF YES, WERE YOU SOLE OWNER _____ CO-OWNER W/SPOUSE ONLY _____ CO-OWNER W/ OTHERS _____

WAS THE PROPERTY SUBJECT TO A TRUST July 1st YES _____ NO _____ (IF YES, ATTACH COPY , INCLUDING SCHEDULES.)

DATE OF BIRTH: _____
AGE 70 OR OLDER; (IF FIRST YEAR APPLYING ATTACH COPY OF BIRTH CERT. SURVIVING SPOUSE: (IF FIRST YEAR APPLYING, ATTACH COPY OF DEATH CERT.))

DECEASED SPOUSE'S NAME _____

DATE OF DEATH _____

HAVE YOU REMARRIED? YES _____ NO _____

IF YES, DATE OF MARRIAGE _____

ASSETS (DOCUMENTATION MAY BE REQUESTED TO VERIFY YOUR ASSETS)

REAL ESTATE - (OTHER THAN DOMICILE) VALUE _____

PERSONAL-BANK ACCOUNTS, STOCKS, BONDS, CERTIFICATES, ETC.

NAME OF BANK:

| | | |
|-------|--------------|-------------|
| _____ | ACCT.# _____ | VALUE _____ |
| _____ | ACCT.# _____ | VALUE _____ |
| _____ | ACCT.# _____ | VALUE _____ |
| _____ | ACCT.# _____ | VALUE _____ |

TOTAL VALUE _____

SIGNATURE _____ DATE _____

-----OFFICE USE ONLY-----

BOARD OF ASSESSORS

_____ , _____ , _____

*** We request that this form be returned to the Assessors' office ASAP.**