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Certificate # -

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Office of the Tax Commissioner

APPLICATION FOR PRIMARY FAMILY HOMESTEAD DESIGNATION BY ESTATE REPRESENTATIVE FOR DECEASED OWNER

(A separate application must be completed for each person making a designation)

COMPLETE FORM IN BLOCK CAPITAL LETTERS

1. Deceased Owner's full legal name (list any other names Deceased commonly known as or recorded under even if in error)	<u>SURNAME</u>		<u>FORENAMES</u>		
	"aka"				
2. Deceased Owner's date of birth, and confirmation of Bermudian status (circle applicable response)	<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>	YES	NO
3. Deceased Owner's date of death					
4. Deceased Owner's most recent address	house name and/or unit no. / apt no.				
	house number / full address				
	parish and postal code				
5. Estate Representative's full name, E-mail address and telephone numbers (for collection)	<u>NAME</u>			<u>NUMBERS</u>	
	<u>E-mail address</u>			(h) -	(w) -
5. Address of property to be designated including: a) House Name and Unit /Apt number (if applicable); b) House Number and FULL address, (street, lane, road) and; c) Parish and Postal code.	house name and/or unit no. / apt no.				
	house number / full address				
	parish and postal code				
6. Details of any planning applications approved or pending in the Bermuda Government Department of Planning for sub-division of the property that is the subject of this Application					
7. List all assessment numbers allocated to each dwelling unit on the property	<u>ASSESSMENT NUMBERS</u>		<u>ASSESSMENT NUMBERS</u>		
8. Date and details of proof of Deceased Owner's ownership (refer to Note 1 overleaf) when they acquired most recent interest or ownership in the property. (Specify nature of interest held eg. 1/4, 1/2, joint tenancy or tenancy-in-common)	Date of ownership		type of interest i.e. sole, 1/4, 1/2, etc....		
	Deed (i.e. conveyance, voluntary conveyance, lease etc.)				
9. Name all other owners of the residential property in respect of which the Application is being made. (only complete if applicable) Specify the nature of interest held by other owner(s), (e.g. 1/4, 1/2, joint tenancy or tenancy-in-common)	<u>SURNAME</u>	<u>FORENAME</u>		<u>TYPE OF INTEREST HELD</u>	

Required Supporting Documentation and Fee

The following must be submitted with this Application:-

1. A non-refundable fee of **\$28.00 payable either by cash or cheque (as of 1st April 2023)**

2. Certified copies of the documentation listed below:

- a. Most recent title deed proving the ownership of the designated property by the Applicant. This could include the following: A deed of conveyance, voluntary conveyance, lease, assignment of lease, or a will.
- b. Lot plan (official drawing of property being designated) attached to documentary proof of ownership.
- c. Birth Certificate.
- d. Death Certificate.
- e. Government-issued photo identification of the Applicant such as a driver's licence, voter's card or senior's card.
- f. The following excerpts of the Applicant's Bermuda passport:
 - i. Photo page,
 - ii. Page showing name, date of issue etc. of passport holder, and
 - iii. Page with the stamp endorsed by the Department of Immigration of the Government of Bermuda certifying the passport holder has Bermudian Status.
- g. Proof of change of name (if applicable) such as Marriage Certificate, Deed Poll, etc.
- h. If the Applicant does not possess excerpt f(iii), they must submit instead a Certificate of Bermudian Status or a letter from the Bermuda Government Department of Immigration confirming Bermudian Status.
- i. A recent utility bill (e.g. BELCO, telephone, cable, etc...) in the name of the Deceased Owner referring to the designated property.
- j. A schedule giving the details and values of all properties owned by the Deceased Owner immediately prior to death & open market valuations, if owned multiple properties. Otherwise a written declaration that the designated property was the sole property owned.

NOTE: *If the Applicant is not in possession of any of the above documentation, the Tax Commissioner may request alternative documentation.*

I hereby declare that all the information contained in this Application is true to the best of my knowledge and belief.

Print Full Name of Estate Representative

Print Full Name of Estate Representative

Print Full Name of Agent of Estate Representative(s)

Signature (Estate Representative)

Signature (Estate Representative)

Date

Date

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