It is hereby certified that I am/we are the Beneficiary(ies)/Homestead Applicant(s):			
(Print name)	(Applicant 1)	(Print name)	(Applicant 2)
and I am/we arterms of the:	re entitled to the use and occupan	cy of the following real proper	ty for my/our lifetime(s) under the
	(NAME OF TRUST) – This	must match the Trust name o	n current deed.
homestead exe	/; and therefore mption pursuant Connecticut General SII §19-61.		
Applicant 1 –Er	nail:		
Applicant 2 –En	nail:		
Location Addres	ss:		
Parcel Unique I	D:		
who knowingly	nat pursuant to New Milford Town and willfully gives false informatione homestead exemption, addition	n to claim a homestead exem	
	ormation on this form and any add of October 1 of this year.	itional information submitted	are true and correct to the best of my
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