

**EXEMPT PROPERTY APPLICATION**  
**O.C.G.A. 48-5-41**

COUNTY <u>Effingham</u>	MAP & PARCEL # <u>0321A006</u>	DIGEST YEAR
TITLE HOLDER'S NAME <u>David E Wood</u>		
NAME ON DIGEST		
PROPERTY ADDRESS <u>357 Bound Rd. Guyton Ga 31312</u>		
		TELEPHONE NUMBER <u>912-547-5547</u>
DATE ACQUIRED <u>July 2019</u>	MARKET VALUE <u>#281,497</u>	OWNERSHIP (LEASED, FEE SIMPLE, etc)

A. Mark (X) the appropriate descriptions of all improvements on/to the parcel of land: (The total number of buildings = 3)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Unimproved raw land                                  | <input type="checkbox"/> Concession stand       | <input type="checkbox"/> Shrine                          |
| <input type="checkbox"/> Gov't owned buildings                                | <input type="checkbox"/> Recreation Facilities  | <input type="checkbox"/> Church administration buildings |
| <input type="checkbox"/> Non-profit public hospital                           | <input type="checkbox"/> Offices                | <input type="checkbox"/> Perpetual care cemetery offices |
| <input type="checkbox"/> Public library                                       | <input type="checkbox"/> Meeting halls          | <input type="checkbox"/> Paved                           |
| <input type="checkbox"/> Public (owned) schools                               | <input type="checkbox"/> Club house             | <input type="checkbox"/> Others: (specify)               |
| <input type="checkbox"/> Private school – open to public                      | <input type="checkbox"/> Dormitories            | _____  |
| <input type="checkbox"/> Housing owned by fraternity chapters                 | <input type="checkbox"/> Classrooms             | _____  |
| <input type="checkbox"/> Non-profit home for aged                             | <input type="checkbox"/> Parsonage (not rented) | _____  |
| <input checked="" type="checkbox"/> Single family residence                   | <input type="checkbox"/> Church/Temple          |  |
| <input type="checkbox"/> Pollution control or energy saving (solar) equipment |   |  |
- D.N.R. No. \_\_\_\_\_ (include copy of certification.)

B. In the space next to the appropriate description of the use of the property for which the exemption is applied, indicate the proper percentage which each description represents to the total property. Ex. 10% Religious burial, 20% Religious worship, 5% Parking, 65% Undeveloped land.

- |   |   |
|---|---|
| <input type="checkbox"/> Undeveloped Land             | <input type="checkbox"/> Place of Religious Worship |
| <input type="checkbox"/> Parking Lot                  | <input type="checkbox"/> Place of Religious Burial  |
| <input type="checkbox"/> Present/Future Building Site | <input type="checkbox"/> Held for Investment        |
| <input type="checkbox"/> Gov't Owned                  | <input type="checkbox"/> Other (Specify)            |
| <u>80%</u> Agricultural                               | _____   |
| <u>20%</u> Used for Recreation                        |   |

C. Mark (X) by one response to the right of each question below. (N/A is for those questions that do not apply.)

YES    NO    N/A

- 1) Are any of the improvements which have been designated in Section A or B of this form AT ANY TIME rented or leased, for which income or fees received for the use of any part of this property? (If yes, please identify and explain circumstances and terms on an attached sheet of paper)

\_\_\_\_\_ X \_\_\_\_\_

	YES	NO	N/A
2) Is the property open to the general public?(ex: if church is it open to the general public)	___	<input checked="" type="checkbox"/>	___
3) Is the use of the property restricted, limited, subject to approval or reserved for the use by any person(s), group(s), or organization?(ex: if a church, can the members use the property or is it restricted)	<input checked="" type="checkbox"/>	___	___
4) Does any person, group, or organization have priority of use of property which is open to the general public? If yes, please identify.	___	<input checked="" type="checkbox"/>	___
5) Is the premises used for private, social, or fraternal meetings?(ex: it is rented out or used where the general public could not attend)	___	<input checked="" type="checkbox"/>	___
6) Are the property uses controlled by any individual or organization other than owner of record?(ex: if owned by private individual, and used for religious purposes, does a board control or the private individual)	___	<input checked="" type="checkbox"/>	___
7) Is the property owner exempt from Federal/State income tax? If yes, fill in the IRC Section No. _____ (example Section 501 (c) (3))	___	<input checked="" type="checkbox"/>	___
8) If the corporation entity holds IRC 501 (c) exemption, was it obtained prior to July 1, 1959?	___	___	<input checked="" type="checkbox"/>
9) Has the Federal or State Income tax exemption status ever been revoked or suspended?	___	<input checked="" type="checkbox"/>	___
10) Is the property owner a political subdivision or instrumentality of the county, state, or federal gov't?	___	<input checked="" type="checkbox"/>	___
11) Is the property within the territorial limits of the political subdivision?	___	<input checked="" type="checkbox"/>	___
12) Is the property owned by private individuals?	<input checked="" type="checkbox"/>	___	___
13) Is the property owned by private organizations or clubs?	___	<input checked="" type="checkbox"/>	___
14) Is the property owner a non-profit corporation without stockholders?	___	<input checked="" type="checkbox"/>	___
15) Does the owner, any stockholder, or officer receive any income or profit for services rendered from the use of the property? If yes, please explain. _____	___	<input checked="" type="checkbox"/>	___
16) Is any part of the property being leased from the applicant? If yes, please explain. _____ _____ _____	___	<input checked="" type="checkbox"/>	___

YES NO N/A

17) Is any incidental income received from non-rent use of the property? If so, please explain source and how the income is used.

\_\_\_ X \_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) If services are rendered by the owner (hospital, charity, home for aged, etc...) are these services available to the public without regard to the ability to pay by the person requesting services? If no, please explain circumstances.

\_\_\_ \_\_\_ X

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19) Is there any reversionary benefit to anyone upon the sale of property or change in the use of property? If so, please specify whom.

\_\_\_ X \_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20) List sources of funds received along with an approximate percentage breakdown for each source. (example: contributions 50%, federal assistance 25% public or patients 20%, dues or membership fees 5%)

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21) Explain briefly how these funds are used.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22) If the property or part of the property is a vacant lot, do any activities occur on the premises? If so, please specify nature of activities and how often.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the information attached and contained herein to be true and correct to the best of my knowledge and belief.

David Wood

(Signature)

David Wood

(Print Name)

11/2/2023

(Date)

912-547-5547

(Telephone Number)