

| CURRENT OWNER                                                                                        |  |      |  | TOPO.                     |  |  |  | UTILITIES                                                               |  |  |  | STRT./ROAD |  |             |  | LOCATION                                                            |  |     |  | CURRENT ASSESSMENT |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|------------------------------------------------------------------------------------------------------|--|------|--|---------------------------|--|--|--|-------------------------------------------------------------------------|--|--|--|------------|--|-------------|--|---------------------------------------------------------------------|--|-----|--|--------------------|--|--------------------------------|--|-----------------|--|----------------|--|--------|--|------|--|----------------|--|------|--|------|--|----------------|--|
| BONNEY NANCY L<br>27 GREENACRE LN<br><br>EAST LONGMEADOW, MA 01028<br>Additional Owners:             |  |      |  |                           |  |  |  | TYPCL                                                                   |  |  |  |            |  |             |  |                                                                     |  |     |  | Description        |  | Code                           |  | Appraised Value |  | Assessed Value |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  | RESIDENTL.                                                          |  | 101 |  | 106,000            |  | 106,000                        |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  | RES LAND                                                            |  | 101 |  | 82,300             |  | 82,300                         |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  | RESIDENTL.                                                          |  | 101 |  | 4,200              |  | 4,200                          |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  | SUPPLEMENTAL DATA         |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
| Other ID:<br>SP Permit<br>Chapter Land<br>OC Dates<br>In+Ex FY<br>Mailed<br>GIS ID: F_380871_2852190 |  |      |  |                           |  |  |  | Received<br>Field 7<br>Field 8<br>Field 9<br>Field 10<br><br>ASSOC PID# |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
| RECORD OF OWNERSHIP                                                                                  |  |      |  | BK-VOL/PAGE               |  |  |  | SALE DATE                                                               |  |  |  | q/u        |  | v/i         |  | SALE PRICE                                                          |  |     |  | V.C.               |  | PREVIOUS ASSESSMENTS (HISTORY) |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
| BONNEY NANCY L<br>HEIDEL NORMAN E,                                                                   |  |      |  | 18861/ 275<br>02909/ 0274 |  |  |  | 07/29/2011<br>10/05/1962                                                |  |  |  | U<br>U     |  | I<br>I      |  | 130,000<br>0                                                        |  |     |  | O                  |  | Yr.                            |  | Code            |  | Assessed Value |  | Yr.    |  | Code |  | Assessed Value |  | Yr.  |  | Code |  | Assessed Value |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  | 2018                           |  | 101             |  | 98,000         |  | 2017   |  | 101  |  | 96,400         |  | 2016 |  | 101  |  | 95,400         |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  | 2018                           |  | 101             |  | 82,300         |  | 2017   |  | 101  |  | 80,400         |  | 2016 |  | 101  |  | 78,100         |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  | 2018                           |  | 101             |  | 4,200          |  | 2017   |  | 101  |  | 4,200          |  | 2016 |  | 101  |  | 4,200          |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
| EXEMPTIONS                                                                                           |  |      |  | OTHER ASSESSMENTS         |  |  |  |                                                                         |  |  |  |            |  |             |  | This signature acknowledges a visit by a Data Collector or Assessor |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
| Year                                                                                                 |  | Type |  | Description               |  |  |  | Amount                                                                  |  |  |  | Code       |  | Description |  |                                                                     |  |     |  |                    |  |                                |  |                 |  | Number         |  | Amount |  |      |  | Comm. Int.     |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  |                                                                         |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |
|                                                                                                      |  |      |  |                           |  |  |  | </                                                                      |  |  |  |            |  |             |  |                                                                     |  |     |  |                    |  |                                |  |                 |  |                |  |        |  |      |  |                |  |      |  |      |  |                |  |

| CONSTRUCTION DETAIL |      |     |               | CONSTRUCTION DETAIL (CONTINUED) |             |     |             |
|---------------------|------|-----|---------------|---------------------------------|-------------|-----|-------------|
| Element             | Cd.  | Ch. | Description   | Element                         | Cd.         | Ch. | Description |
| Style               | 05   |     | CAPE          | #Heat Sys                       | 1           |     | NONE        |
| Model               | 01   |     | RESIDENTIAL   | Central Vac                     | 0           |     |             |
| Grade               | C    |     | AVERAGE       | FBM Sqft                        |             |     |             |
| Stories             | 1.50 |     | 1 1/2 Stories | Int vs Ext                      | S           |     |             |
| Foundation          | 2    |     | CONC BLOCK    | MIXED USE                       |             |     |             |
| Exterior Wall 1     | 4    |     | VINYL         | Code                            | Description |     | Percentage  |
| Exterior Wall 2     |      |     |               | 101                             | ONE FAM     |     | 100         |
| Roof Structure      | 1    |     | GABLE         | COST/MARKET VALUATION           |             |     |             |
| Roof Cover          | 1    |     | ASPHALT SH    |                                 |             |     |             |
| Interior Wall 1     | 2    |     | PLASTER       |                                 |             |     |             |
| Interior Wall 2     |      |     |               |                                 |             |     |             |
| Interior Floor 1    | 3    |     | HARDWOOD      | Adj. Base Rate:                 |             |     | 108.39      |
| Interior Floor 2    |      |     |               |                                 |             |     |             |
| Heat Fuel           | 1    |     | OIL           | Replace Cost                    |             |     | 168,324     |
| Heat Type           | 5    |     | STEAM         | AYB                             |             |     | 1941        |
| AC Type             | 01   |     | None          | EYB                             |             |     | 1981        |
| Bedrooms            | 2    |     |               | Dep Code                        |             |     | AG          |
| Full Baths          | 1    |     |               | Remodel Rating                  |             |     |             |
| Half Baths          | 0    |     |               | Year Remodeled                  |             |     |             |
| Extra Fixtures      | 1    |     |               | Dep %                           |             |     | 37          |
| Total Rooms         | 5    |     |               | Functional ObsInc               |             |     |             |
| Bath Style          | G    |     | GOOD          | External ObsInc                 |             |     |             |
| Kitchen Style       | G    |     | GOOD          | Cost Trend Factor               |             |     | 1           |
| Kitchens            | 1    |     |               | Condition                       |             |     |             |
| Extra Kitchens      | 0    |     |               | % Complete                      |             |     |             |
| Frame               | 1    |     | WOOD          | Overall % Cond                  |             |     | 63          |
| Basement Floor      | 12   |     |               | Apprais Val                     |             |     | 106,000     |
| Bsmt Garage         |      |     |               | Dep % Ovr                       |             |     | 0           |
| Units               | 1    |     |               | Dep Ovr Comment                 |             |     |             |
| WS Flues            |      |     |               | Misc Imp Ovr                    |             |     | 0           |
| FBM Quality         |      |     |               | Misc Imp Ovr Comment            |             |     |             |
| Fireplaces          | 1    |     |               | Cost to Cure Ovr                |             |     | 0           |
|                     |      |     |               | Cost to Cure Ovr Comment        |             |     |             |

| OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B) |             |     |              |     |       |            |      |     |       |     |      |           |
|----------------------------------------------------------------|-------------|-----|--------------|-----|-------|------------|------|-----|-------|-----|------|-----------|
| Code                                                           | Description | Sub | Sub Descript | L/B | Units | Unit Price | Yr   | Gde | Dp Rt | Cnd | %Cnd | Apr Value |
| 03                                                             | GARAGE      | OB  | Outbuilding  | L   | 240   | 28.18      | 1941 | A   |       | FR  | 50   | 3,400     |
| 02                                                             | SHED/FR     |     |              | L   | 80    | 7.48       | 1941 | A   |       | AV  | 60   | 400       |
| 02                                                             | SHED/FR     |     |              | L   | 100   | 7.48       | 1990 | A   |       | AV  | 60   | 400       |

| BUILDING SUB-AREA SUMMARY SECTION |                  |             |            |           |           |                 |  |
|-----------------------------------|------------------|-------------|------------|-----------|-----------|-----------------|--|
| Code                              | Description      | Living Area | Gross Area | Eff. Area | Unit Cost | Undeprec. Value |  |
| BMT                               | BASEMENT         | 0           | 1,016      |           | 21.66     | 22,002          |  |
| EFP                               | ENCL PORCH       | 0           | 96         |           | 32.74     | 3,143           |  |
| FFL                               | 1ST FLOOR        | 1,016       | 1,016      |           | 108.39    | 110,120         |  |
| UHS                               | UNFIN HALF STORY | 0           | 1,016      |           | 32.54     | 33,058          |  |
| Ttl. Gross Liv/Lease Area:        |                  | 1,016       | 3,144      | 1,553     |           | 168,324         |  |

