

PETER M. MELLETTE
125 Cherwell Court
Williamsburg, Virginia 23188

June 6, 2003

John E. McDonald
Manager
Financial and Management Services
James City County
P.O. Box 8784
Williamsburg, VA 23187

Richard Sebastian
Director
Real Estate Assessments
James City County
P.O. Box 8784
Williamsburg, VA 23187

Re: Tax Exemption for Hospice Support Care of Williamsburg

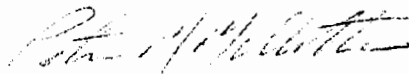
Dear Messrs. McDonald and Sebastian:

As Chairman of the Board of Hospice Support Care of Williamsburg, I am submitting the attached application for Hospice's request for property tax exemption. Attached in addition to the completed application is a check for \$100 to cover the costs of processing the application, including the public hearing.

Please advise Chris Faia, Executive Director of Hospice, and me of the anticipated date of the public hearing on the ordinance to exempt the organization from property taxation. Also, please advise us of any questions that you or the Board may have about Hospice's application, or if you need further information to process the application.

Thank you for your kind assistance.

Very truly yours,



Peter M. Mellette

✓ cc: Christine Faia
Executive Director
Hospice Support Care of Williamsburg
4445 Powhatan Parkway
Williamsburg, VA 23185

Jamestown Moose Lodge 757
Knights of Gideon
Masonic Lodge
Norge Community Center
Toano Women's Club
Other - _____ (please document)

CLASSIFICATION - ARTICLE X, SECTION 6 OF THE CONSTITUTION OF VIRGINIA

- Request for tax exemption of real and/or personal property after January 1, 2003

Owned directly or indirectly by Commonwealth of Virginia or any political subdivision
A church or religious body with uses shown in Sections 58.1-3606 and -3617
Nonprofit private or public burying grounds or cemeteries
Libraries, as defined and used in accordance with Section 58.1-3606

DESIGNATION BY JAMES CITY COUNTY (ARTICLE X, SECTION 6 OF THE CONSTITUTION OF VIRGINIA AND VIRGINIA CODE 58.1-3651)

- Request for tax exemption of real and/or personal property after January 1, 2003

- 4. Please provide a specific explanation of the property use. If there are several types of use, or several parcels, indicate such usages by areas of the buildings, floor locations, and land allocations.

Two story house used to provide 24-hour care to terminally ill patients and to shelter their caregivers, during the patient's stay. Also provides space for volunteers and staff who serve patients and families in their homes, and meeting space for bereavement support and cancer support groups.

- 5. Does any individual or entity other than the property owner occupy or use any part of the premises?

YES _____ NO X _____

If yes, provide details:

- 6. Is any income received from the use of any portion of the property whether considered as rent or reimbursement for services incurred?

YES _____ NO X _____

If yes, provide details: _____

such property? NO (If Yes - Please explain)

Does any part of the net earnings of the applicant organization inure to the benefit of any individual? No (If Yes - Please explain)

11 Please describe the circumstances that would qualify or disqualify a James City County resident for services provided by your organization.

Patients and caregivers are served without regard to Race, Gender, Creed or Socio-Economic Status. Qualifications are based on criteria for care deemed by diagnosis, prognosis, level (acuity) of care needs and available resources. There are no fees or other financial consideration or barriers.

12. Please describe any activities of the organization that involve lobbying efforts or otherwise attempting to influence legislation. Also describe if the organization participates in, or intervenes in, any political campaign on behalf of any candidate for public office.

N/A

Please certify to the following statement, or provide an explanation why you cannot

I certify that the applicant has no rule, regulation, policy or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex or national origin.

ORGANIZATION:

By: Officer's Name Peter M. Mellette *Peter M. Mellette*

Officer's Title Chairman, Board of Directors

Date June 6, 2003

STATE OF VIRGINIA
COUNTY OF JAMES CITY

Peter M. Mellette (Officer's Name) being duly sworn, deposes

and states that as me Chairman (Officer's Title) of

Hospice Support Care of Williamsburg, Inc. (Legal Name of Ownership Organization)

he or she has read this application and knows the contents thereof and that the matters stated are true.

Peter M. Mellette
(Signature of Officer)

Subscribed and sworn to before me this 6th day of June, 2003

Jacqueline R. Esterling-Maxley
(Notary Public)

Expires: 12/31/04