

Town of Grafton -

PO Box 277

7 Library Rd

Grafton, NH 03240

Office Hours

Mon & Weds evenings-5:15pm-8pm,

Fri 7am-11am & last Sat of month 8am-12Noon

603-523-7270

**KENNEDY MARTIN
259 LOWELL ST, APT 104
SOMERVILLE, MA 02144**

**OFFICE OF THE TAX COLLECTOR
NOTICE OF IMPENDING TAX DEED**

Friday, May 12, 2023

Levy Year: 2020

Pursuant to RSA 80:76, 80:77, 80:77-a, you are hereby notified of the impending deed on the following property which you own or hold mortgage interest in:

PROPERTY INFORMATION

OWNER(S) OF RECORD: KENNEDY MARTIN

TAX MAP/LOT/SUB LOT: 00010S 000031 000000

LOCATION: 67 HALFMOON POND RD

DESCRIPTION: 0.500 ACRES OF LAND WITH BUILDINGS

AMOUNT DUE: \$ 8,131.65 *

DEED EXECUTION DATE: FRIDAY, JUNE 16, 2023

* Includes total amount owed for unpaid invoices, including interest and costs, up to and including the deeding lien year.

The impending deed is due to unpaid taxes, interest and penalties that were sold to lien on 05/14/2021. To prevent the execution of the Tax Deed for the Real Estate specified above, the amount due of \$ 8,131.65 *, including all interest and costs, must be paid in full on or before:

Friday, June 16, 2023

By 10:00am

Contact the Office of the Tax Collector as noted above for the revised interest calculation if making payment prior to Friday, June 16, 2023. If paid after Friday, June 2, 2023, payment must be in the form of a bank check, certified check, or cash.

Your right of redemption will expire on Friday, June 16, 2023.

A Tax Deed will be issued the next business day for the above described Real Estate to the Municipality. If the Tax Deed is issued the legal interest of the owner, as well as the legal interests of mortgagees, will be extinguished subject to any rights available in RSA 80:88,89,90,91.

This is an updated deed notice to reflect all back taxes owed for prior liens. In order to stop the deed process, you will need to pay for all back liens.

The Tax Collector's Office will be closed on September 10th and September 11th, but will accept postmarks up to September 11th.

**Collector of Taxes
Bonnie Haubrich**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KENNEDY MARTIN
259 LOWELL ST, APT 104
SOMERVILLE, MA 02144



9590 9402 4142 8092 2734 95

2. Article Number (Transfer from service label)

7012 1010 0001 3462 9526

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Handwritten Signature]
 Agent
 Addressee

B. Received by (Printed Name) *BT CH* **C. Date of Delivery** *5/15/03*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

- 3. Service Type**
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage \$ _____ Certified Fee _____

(End) Res (End) KENNEDY MARTIN
259 LOWELL ST, APT 104
SOMERVILLE, MA 02144

To _____ Sent _____

Street, Apt. No., or PO Box No. _____
City, State, ZIP+4 _____

See Reverse for Instructions S Form 3800, August 2008

7012 1010 0001 3462 9526

Town of Grafton

PO Box 277

7 Library Rd

Grafton, NH 03240

Office Hours

Mon & Weds evenings-5:15pm-8pm,
Fri 7am-11am & last Sat of month 8am-12Noon
603-523-7270

**INTERNAL REVENUE SERVICE
PO BOX 145595
CINCINNATI, OH 45250**

**OFFICE OF THE TAX COLLECTOR
NOTICE OF IMPENDING TAX DEED**

Friday, May 12, 2023
Levy Year: 2020

Pursuant to RSA 80:76, 80:77, 80:77-a, you are hereby notified of the impending deed on the following property which you own or hold mortgage interest in:

PROPERTY INFORMATION

OWNER(S) OF RECORD: KENNEDY MARTIN

TAX MAP/LOT/SUB LOT: 00010S 000031 000000

LOCATION: 67 HALFMOON POND RD

DESCRIPTION: 0.500 ACRES OF LAND WITH BUILDINGS

AMOUNT DUE: \$ 8,131.65 *

DEED EXECUTION DATE: FRIDAY, JUNE 16, 2023

* Includes total amount owed for unpaid invoices, including interest and costs, up to and including the deeding lien year.

The impending deed is due to unpaid taxes, interest and penalties that were sold to lien on 05/14/2021. To prevent the execution of the Tax Deed for the Real Estate specified above, the amount due of \$ 8,131.65 *, including all interest and costs, must be paid in full on or before:

Friday, June 16, 2023

By 10:00am

Contact the Office of the Tax Collector as noted above for the revised interest calculation if making payment prior to Friday, June 16, 2023. If paid after Friday, June 2, 2023, payment must be in the form of a bank check, certified check, or cash.

Your right of redemption will expire on Friday, June 16, 2023.

A Tax Deed will be issued the next business day for the above described Real Estate to the Municipality. If the Tax Deed is issued the legal interest of the owner, as well as the legal interests of mortgagees, will be extinguished subject to any rights available in RSA 80:88,89,90,91.

This is an updated deed notice to reflect all back taxes owed for prior liens. In order to stop the deed process, you will need to pay for all back liens.

The Tax Collector's Office will be closed on September 10th and September 11th, but will accept postmarks up to September 11th.

**Collector of Taxes
Bonnie Haubrich**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">INTERNAL REVENUE SERVICE PO BOX 145595 CINCINNATI, OH 45250</p> <div style="text-align: center;">  9590 9402 4142 8092 2734 71 </div>	<p>D. Is delivery address different from the address above? If YES, enter delivery address below.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">MAY 16 2023</p> <p style="text-align: center;">CAMPUS SUPPORT FLORENCE, KY MAIL UNIT 7 202</p>												
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center; font-size: 1.2em;">7012 1010 0001 3462 9519</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation¹</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation ¹	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation ¹												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____

INTERNAL REVENUE SERVICE
PO BOX 145595
CINCINNATI, OH 45250

(En) _____
(Rc) _____
(En) _____
T _____

Sent To _____

Street, Apt. No., or PO Box No. _____

City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

67519 3462 1000 0101 2107