

# Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM

457

File with Your  
County Treasurer

• Read instructions on reverse side.

Name of Organization <b>Methodist Fremont Health</b>		Tax Year <b>2022</b>	Value of Motor Vehicles
Name of Owner of Property		County Name <b>Dodge</b>	State Where Incorporated
Street or Other Mailing Address <b>450 E 23rd St</b>		Contact Name <b>Kathy Bloch</b>	Phone Number <b>402-727-3381</b>
City <b>Fremont</b>	State <b>NE</b>	Zip Code <b>68025</b>	Email Address <b>Kathy.Bloch@nmhs.org</b>

Type of Ownership

- Agricultural and Horticultural Society  
  Educational Organization  
  Religious Organization  
  Charitable Organization  
  Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Brett Richmond	President/CEO	450 East 23rd St Fremont, NE 68025

**Description of the Motor Vehicles**  
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
Chevy Tahoe	2007	K1500	1GNFK13017R371851	JANUARY

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society  
  Educational  
  Religious  
  Charitable  
  Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

- YES  
  NO

Give a detailed description of the use of the motor vehicle:

1. Used for transportation of equipment; mail and parcels between facilities.

If No, give percentage of exempt use: \_\_\_\_\_ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Authorized Signature

Title

President

Date

1/20/2022

### For County Treasurer Recommendation

Approval

Denial

Comments:

Signature of County Treasurer

Date

### For County Board of Equalization Use Only

Approved

Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date