F	O	R	IV	

File with Your County Assessor on or Before December 31	x Exemption on	Real and Per	sonal	Property by Qu proverse side.		itions	<sup>FORM</sup> <b>451</b>
	e to properly complet	te or timely file t	this app		n a denial of the exer		
Name of Organization				County Name		Tax Year	
Name of Business if Different than Org	anization			State Where Incorpora	ted		
Name of Owner of Property				Value of Real Property	Value of Personal Proper \$	y Parcel ID	Number
Street or Other Mailing Address of App	licant			Contact Name		Phone Nu	mber
City	State	Zip Code		Email Address			
Agricultural and Horticultural So	ciety Educationa Title of C Directors, o	· ·		ose) Religious Organization Charitable Org Phone Number		rganization Cemetery Organization Email Contacts	
Legal description of real property and	general description of all o	lepreciable tangible	persona	I property, except license	ed motor vehicles:		nformation on exemptions, in the QR
Property described above is used in th Agricultural and Horticultural S Give a detailed description of the prima	ociety Education	nal Relig	ious	Charitable	Cemetery	ort the prope	erty for possible exemption.
The burden of proof lies with the organi	zation applying for exemp	tion. Please attach a	additiona	l pages if needed.			
All organizations, except for an Ag Is all of the property used exclusive Is the property used for financial gair Is a portion of the property used for If Yes, state the number of hours	ly as described above? . or profit to either the owner the sale of alcoholic beve	r, the owner or orga	nization n	naking exclusive use of th	e property, or private indivi	duals? 🗌 Y	res NO res NO res NO
Is the property owned or used by a		iminates in membe	ership or e	employment based on ra	ce, color, or national orig	n? 🗌 Y	ES NO
	aw, I declare that I have e				t of my knowledge and b	elief, it is cor	rect and

Property described above is used in the following			
Agricultural and Horticultural Society	Educational Religious	Charitable	Cemetery
The burden of proof lies with the organization appl			uments that would support the property for possible exen
All organizations, except for an Agricultural			
Is all of the property used exclusively as desc			
Is the property used for financial gain or profit to			
Is a portion of the property used for the sale on If Yes, state the number of hours per week	f alcoholic beverages?		YES NO
Is the property owned or used by an organiza	tion which discriminates in membership	or employment based on race	e, color, or national origin? DYES DNO
	re that I have examined this exemption July authorized to sign this exemption a		of my knowledge and belief, it is correct and
		Title	Date
here Authorized Signature	Retain a cop	/ for your records.	Date
	For County Assess	or's Recommendation	1
Approval	COMMENTS:		
Approval of a Portion			
Denied		nty Assessor	
	For County Board o	f Equalization Use On	ly
Approved	If the County Board's determination	n is different from the County A	Assessor's recommendation, an explanation is required.
Approval of a Portion			
Denied			
		to the best of my knowledge a correct pursuant to the laws of	and belief, the determination made by the County Board of the State of Nebraska.
		nty Board Member	
	ally to the Nebraska Departm		ne County Board of Equalization seven days after the Board's decision. Authorized by Neb. Rev. Stat. §§ 77-202.01 and 7

## Instructions

**Who May File.** An organization that owns real or depreciable tangible personal property, except licensed motor vehicles, and is seeking a property tax exemption, must file an Exemption Application for Tax Exemption on Real and Personal Property by Qualifying Organizations, Form 451, if:

- 1. The property is owned by and used exclusively for agricultural and horticultural societies; or
- 2. The property is:
  - a. Owned by educational, religious, charitable, or cemetery organizations, or any organization for the exclusive benefit of any educational, religious, charitable, or cemetery organization;
  - b. Used exclusively for educational, religious, charitable, or cemetery purposes;
  - c. Not owned or used for financial gain or profit to either the owner or user;
  - d. Not used for the sale of alcoholic beverages for more than 20 hours per week; AND
  - e. Not owned or used by an organization which discriminates in membership or employment based on race, color, or national origin.

An organization must file a Form 451 if new property is acquired, or if the property is converted to exempt use. Applications not completed in full, including the estimated value of the real property, and if applicable the personal property,

### will result in the denial of the requested exemption.

**When and Where to File.** The Form 451 must be filed on or before the December 31 immediately preceding the year for which the exemption is sought, with the county assessor of the county where the property is subject to tax.

Late Filings/Waivers. If an organization fails to file a Form 451 on or before December 31, it may file a Form 451 on or before June 30 with the county assessor. The organization or society must also file a written request with the county board of equalization for a waiver, so that the county assessor may consider the application for exemption. The county board of equalization may grant the waiver upon finding that good cause exists for the failure to make application on or before December 31.

If the waiver is granted, the county assessor will examine the application and recommend to the county board of equalization whether the real property or tangible personal property should be taxable or exempt. The county assessor must assess a penalty against the organization in the amount of 10% of the tax that would have been assessed had the waiver been denied or \$100, whichever is less, for each calendar month or fraction thereof for which the filing of the exemption application missed the December 31 deadline. The penalty may not be waived.

**Property Acquired or Converted to Exempt Use.** If property is acquired or converted to exempt use after January 1, the organization may file an application for exemption on or before July 1 of the year the property was acquired or converted. If an organization, between July 1 and levy date (October 20), purchases property that has been granted a tax exemption, and the property continues to be qualified for exemption, the purchasing organization must file an application for exemption on or before 15.

Taxable property acquired or converted after July 1 is not eligible for exemption that year. If an application is filed, it will be considered an application for exemption for the next year.

**Intervening Years.** After an exemption has been approved, a new application must be filed for every year evenly divisible by four. For the intervening years (those years not evenly divisible by four), the Statement of Reaffirmation of Tax Exemption, Form 451A, must be filed on or before the December 31 immediately preceding the year for which the exemption is sought, except for real property of cemeteries.

**Cemetery Organizations.** Any real property exemption granted to a cemetery organization will remain in effect without reapplication, unless disqualified by change of ownership or use. On or before August 1, the county assessor must annually review the ownership and use of all cemetery real property and report this review to the county board of equalization.

**Appeal Procedures.** In the event of disapproval of this application by the county board of equalization, an appeal may be filed with the Tax Equalization and Review Commission within 30 days of the final decision.

**Specific Instructions.** Property tax exemptions are strictly construed, and it is the responsibility of the applicant to prove the property qualifies for an exemption. Failure to provide a detailed use of the property in the space provided may result in the denial of the application. The burden of proof lies with the organization to provide all documentation that would support the potential of the exemption being approved.

If the property is used for more than one type of use, mark the appropriate blocks and give the approximate percentage of use under the classification. Describe in detail the use of the property for which an exemption is sought. Explain any circumstances when the property may be used for taxable purposes. If additional space is needed, use a separate sheet of paper and attach a copy to each copy of this form.

The completed Form 451 must be retained by the county clerk after the county board of equalization action, with a legible copy forwarded electronically to the Department within seven days of the board's decision. The county assessor may make copies for the county's records.

# Nebraska Net Book Value Personal Property Schedule

• Attach as many schedules as necessary to your Nebraska Personal Property Return.

• Retain a copy for your records.

Name on Nebraska Personal Property Return

For Tax Year

	(Chec	k Only O	ne of the Boxes)			
1 Commercial and Industrial Property	ent					
You may include more same c			line ONLY when item ve the same recovery		d in the	
(A) Item Name/Description	(B) Year Acquired	(C) Number of Items	(D) Nebraska Adjusted Basis	(E) Recovery Period	(F) Net Book Depreciation Factor	(G) Net Book Taxable Value (Col. D X Col. F) (Round to Whole Dollar)
			\$			\$

N N	Recovery Period in Years					
Year	3	5	7	10	15	20
1	75.00%	85.00%	89.29%	92.50%	95.00%	96.25%
2	37.50	59.50	70.16	78.62	85.50	89.03
3	12.50	41.65	55.13	66.83	76.95	82.35
4	0.00	24.99	42.88	56.81	69.25	76.18
5		8.33	30.63	48.07	62.32	70.46
6		0.00	18.38	39.33	56.09	65.18
7			6.13	30.59	50.19	60.29
8			0.00	21.85	44.29	55.77
9				13.11	38.38	51.31
10				4.37	32.48	46.85
11				0.00	26.57	42.38
12					20.67	37.92
13					14.76	33.46
14					8.86	29.00
15					2.95	24.54
16					0.00	20.08
17						15.62
18						11.15
19						6.69
20						2.23
21						0.00

## Table 1—Nebraska Net Book Depreciation Factors

 Table 2— Recovery Periods

 (Equivalent to the Federal "Modified Accelerated Cost Recovery System" [MACRS])

Part A		ecovery Period
	Office furniture, fixtures, and equipment (telephones, communication equipment)	7
	Information systems, computers and peripheral equipment, calculators, typewriters, adding	
	machines, copiers, duplicating equipment	5
Trans	portation:	
	Light and heavy general purpose trucks and cars (unlicensed)	5
	Trailers and trailer-mounted containers	5
	Airplanes and helicopters not used for commercial or contract carrying of passengers	
	or freight	5
	Railroad cars and locomotives not owned by railroad transportation companies	7
	Water transportation vessels, barges, etc	10
Part B	Other Personal Property Used in the Following Business Activities	
Agric	ultural:	
-	Agricultural machinery and equipment, including irrigation equipment	7
Cable	e Television:	
	Subscriber connection and distribution systems	7
	Program origination	5
	Service and test	5
	Microwave systems	5
Cons	truction:	
	Assets used in construction by general building, special trade, heavy and marine construction	
	contractors, operative and investment builders, real estate subdividers and developers,	
	and others except railroads	5
Distri	butive Trades and Services:	
	Wholesale and retail trades, and personal and professional services	5
Manu	facturing:	
	Grain and grain mill products	10
	Sugar and sugar products	
	Vegetable oils and vegetable oil products	
	Other food and beverages	
	Yarn, thread, woven products, and nonwoven fabrics	
	Wood products and furniture	

Manufacturing (continued):	Recovery Period
Printing, publishing, and allied materials	7
Rubber products and finished plastic products	7
Leather and leather products	
Glass products	
Stone and clay products	
Primary nonferrous metals	
Foundry, steel mill, and fabricated metal products	
Electrical and nonelectrical machinery and other mechanical products	
Manufacture of motor vehicles	
Manufacture of motor vehicles	
Manufacture of athletic, jewelry, and other goods	
Sawmill equipment in permanent sawmills	
Sawmill equipment in temporary facility	
Knitted goods and textured yarns	5
Carpets and dyeing, finishing, and packaging of textile products and manufacture of medical and dental supplies	5
Apparel and other finished products	
Special tools and devices for food and beverages, rubber products, finished plastic products,	-
glass products, fabricated metal products, and manufacture of motor vehicles	3
	0
Miscellaneous:	~~
Electric utility transmission and distribution plant	
Waste reduction and resource recovery plants	
Furniture and appliances used in rental property	7
Oil and Mineral:	
Mining-assets used in mining and quarry (for example, sand, gravel, stone, etc.)	7
Exploration for and production of petroleum and natural gas, including gathering pipelines	
and related storage facilities, compression or pumping equipment	7
Drilling onshore oil and gas wells	
Recreation:	
Assets used in provision of entertainment for fee (for example, bowling alleys, billiard and pool halls,	
theaters, miniature golf courses, etc.)	7
Theme and amusement parks	/
Telephone Communications and Radio and Television Broadcasting:	
Cable and long-line systems (transmission lines)	20
Telephone distribution plant (poles, lines, aerial wires, underground conduits, etc.)	15
Telephone central office equipment (central office switching equipment)	10
Telephone station equipment	7
Computer-based telephone central office switching equipment (function are those of a computer or peripheral equipment used in its capacity as telephone central office equipment)	
Radio and television broadcasting (except transmission towers)	э
Telegraph And Satellite Communications:	
Central office control facilities (switching and monitoring signals)	
High-frequency radio and microwave systems (transmitters, receivers, transmission lines, and towers)	7
Computerized switching, channeling, and associated equipment	7
Satellite ground segment property	7
Equipment installed on customer premises	
Support equipment	
Headend	

# Permissive Exemption Application Questionnaire

Building/Parcel Address:

## <u>Ownership</u>

Does the organization hold legal title to the building/parcel for which the exemption is sought?

	YES	NO			
If no, does the orga deed of trust or som	e-purchase agreement,				
Please describe the	e nature of the instrum	S	NO		
	nolds equitable, but n Istances under which		obtain legal title	in the future? If so,	
Is the organization interest in the building	leasing the property a ng/parcel?	and seeking exen YES	nption for its leas NO	ehold	
Please provide:					
		Name of P	roperty Owner		
	Lease Ter	rms	•	Monthly Rent	
Please provide answers for each of the property-improvement types that are included in the parcel for which you are seeking an exemption. Click all boxes that pertain to your parcel. By clicking on the actual improvement type, you will be sent to that improvement type's questions. At the end of each improvement's section, click on <b>"Return to Improvement Types"</b> to return here for each improvement type on your parcel.					
UNIM	IPROVED LOTS (LA	ND)	SINGLE-F	AMILY RESIDENCES	
COM	IMERCIAL		MULTI-FAI	MILY	
HOU	SING FOR THE ELD	ERLY	DAYCARE		
HOS	PITAL/MEDICAL FAG	CILITIES	FACILITIE	S RETAIL	

FRATERNAL ORG/UNION HALL

RELIGIOUS

.

**EDUCATIONAL** 

# **Unimproved Parcels (Land)**

Does the parcel have an improvement (building or other structure)? YES NO

If not, is the unimproved parcel being used for any activities by your organization? If so, what are they? How often do the activities occur?

Is the unimproved parcel used for any activities by an entity other than your organization? If so, list the entity that uses the property, what those uses are and how often they occur. Is rent charged for the use of the parcel, and if so, how much?

Does the organization have plans to add an improvement to the parcel in the future? If so, what improvement does the organization plan on adding? What is the proposed time frame?

What steps has the organization taken to add that improvement?

Has there been a resolution from the organization's board of directors committing the organization to using the parcel in this way? When was the resolution adopted? If there has been such a resolution adopted, please provide a copy of the resolution.

# Unimproved Parcels (Land) continued

Has construction begun on the proposed improvement? If so, when did it begin and how close to completion is the improvement?

Has the organization gotten architectural plans for the improvement or done any preparation work for building the proposed improvement? If so, from whom were the plans obtained? Describe any preparation work that was done.

# **Single-Family Residential Property**

If a single-family residential dwelling is on the parcel, is it occupied:

Full-time?	Part-t	time?	By w	hom?		
Is a member or staff m	nember of the o	rganization o	ccupying t	he dwelling re	equired to liv	e there?
YES	NO					
Is the member or staff periodically relocate to				•	ganization to	)
YES	NO	If so, how of	ften?			
Is the dwelling provide organization?	d as part of the YES	compensation	n package NO	e to members	/officers/emp	loyees of the
Does a member of the	organization ha	ave an office i	in the dwe	elling?	YES	NO
Is rent charged, and if	so, how much?	? NC	)	YES Month	ly Rent:	
If the occupant is not a religious, educational o Is it used for low-incon	or cemetery pui ne housing?	rpose? YES	YES NC	NO	for another o	charitable,
Please describe the ter	ms under whic	n the aweiling	j is used.			
If the dwelling is used f	or low-income	housing, does	s the orga	nization char	ge rent and,	if
so, what is the rental ra	te? Y	ES	NO	Monthly Re	nt:	
How does that rate com	pare with the re	ent charged fo	or other, s	imilar propert	ies in the are	ea?

Other Source

Tenant

What happens if the tenant does not pay the rent?

Is the rent paid by the tenant or some other source?

## Single-Family Residential Property - continued

Is it used exclusively as a dwelling or are organizational activities held in the house?

## Dwelling Organizational Activities

If there are organizational activities, what are they? Please describe what those activities are and how often they occur. Please provide any backup to those activities, such as calendars, showing the nature of the activities, and their times and dates.

Please provide a list of those meetings and activities that occurred during the previous twelve month period, including the date of the meeting/function and a description of the meeting/function.

If the dwelling is used as a "group home" for people who are physically or developmentally disabled, please describe the residents.

Are the residents of the group home capable of living independently without supervision?

## YES NO

How is the group home staffed and what hours are staff present at the group home?

What are the duties of the staff of the group home?

In addition to serving as the dwelling of the residents of the group home, is the dwelling used for physical, social or education programs for residents? YES NO

If so, please describe those programs.

# Churches/Temples/Religious Buildings

Is the building used for religi	ious services/activit	ties?	YES	NO
Please describe the services	s/activities and how	v often they or	ccur.	
When not being used for reli	igious services/acti	vities, is the b	uilding use	ed for other purposes?
			YES	NO
If YES, please describe those	se uses.			
Are there portions of the bui organization?	lding used by perso	ons, firms, or o	organizatio	ns other than your
	YES	NO		
If YES, please describe the space, the purpose for which		•	•	, .
Is there a parsonage on the	narcel?	YES		NO
			<i>.</i>	
If YES, please also answer t	the "Single-Family	Residential Pi	roperty" qu	estions in this questionnaire.
Is there a school on the parc	cel?	YES		NO
If YES, please also answer t	the "Educational Fa	acilities" quest	ions in this	questionnaire.
Is there a daycare on the pa	ircel?	YES		NO
If YES, please also answer t	the "Daycare" ques	tions in this q	uestionnaii	re.

# **Commercial Property**

Is it solely used by the organization, and if so, for what purpose or purposes?

YES NO

Continuous

Describe the property.

If other entities use all or a portion of the building, please list those entities and the portion of the building they use. Please provide the square footage used by each of those other entities.

Is the use of the building by other entities continuous or occasional?

Occasional

If continuous, please describe the terms and conditions under which the space is used, such as the amount of rent, length of the lease and how the space is used?

If the use of the building by other entities is occasional, please list the entities, and the occasions on which it was used. Describe the uses of the building.

Is the building or some portion of it used for the sale and consumption of alcohol more than 20 hours a week? If so, what portion of the building is used for that purpose; what is the square footage of that area?

Is the building or some portion of it leased to a for-profit entity? If so, what is (are) the name/ names of the lessee(s), What is the square footage of the area leased? For what purpose does the lessee use the portion leased?

If the operation of the building shows a profit after the payment of expenses, how is that money used or distributed?

# **Multi-Family Housing**

Describe the use of the property.

What is the monthly rent charged to tenants?	\$		
How does the rent charged compare with market re	ents in the area?		
Below Market Rate \$	Above Market Rate	e \$	
If the rent the organization charges is restricted in sor the organization charging the maximum rent permitte	<b>3</b> ( <b>1</b>		ls
Does the rent come from the tenants, or does a porti so, what are they?	on of the rent come f	rom other sources? If	
Tenants	Other Sou	rces	
List other sources:			
Is the rent paid by tenants to the organization supple	emented financially b	y some other source?	?
YES If YES, describe the monetary supplement and its	NO source:		
Are tenants evicted from the property for nonpaymen			
YES If a resident cannot pay the rent, does a third party pa payment received by the organization designed to ma		some type of	
YES	NO		
Does the facility have an operational profit after expe	enses? YE	S NO	
If so, how is that money used? If not, how are any o organization?	perating deficits of th	e facility covered by th	he

# Housing for the Elderly

Describe the tenants. Are they able to live on their own, without assistance, or do they require some assistance from trained medical personnel, such as doctors or nurses? If they are able to live on their own without assistance, what happens if their health circumstances change and they require assistance with the tasks of daily living?

If the tenants require	assistance with	their tasks	ofdaily living,	describe the na	ature of the
assistance provided.					

Are the tenants required to have some certification by a physician of their need for care in order to live in the facility?

YES NO

Describe the medical care available to residents at the facility, including medical staff and equipment.

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Does the facility hold a license as a medical-care provider?	YES	NO
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If the facility is operated at a profit, after payment of expenses, how is that money used or distributed?

# **Fraternal Organization/Union Halls**

Please describe the layout of the interior of the building. How much square footage is used for organizational offices? Meeting rooms? Large, multipurpose areas?

Is there a portion of the building used for the sale and consumption of alcohol for more than 20 hours a week? YES NO

What is the square footage of that area?

What percentage of the total square footage of the building does that space represent?

Are courses in academic, technical or vocational subjects taught at the facility? YES NO

Please describe what they are and how often they are offered.

What is the square footage of that area in which the classes are offered?

What percentage of the total square footage of the building does that space represent?

If there is a large, multipurpose area in the building that is suitable for gatherings such as parties, wedding receptions, family reunions, flea markets and the like, please describe how the organization uses this space.

Does it conduct organizational activities in that space? If so, what are they and how often do they occur?

If such large, multipurpose areas were rented out during the previous year, how often did that occur, to whom was the space leased and for what purposes was it used?

# **Educational Facilities**

Please describe the nature of the academic, technical or vocational subjects taught in the facility/building.

Are those courses taught year-round? YE	ES N	Ó
---	------	---

If not, during what portion of the year are the courses taught?

If no classes are taught in the facility, please describe the manner in which the facility/building is used and its role in the educational activities of the organization.

Is some portion of the building used by entities other than the organization? Please list the entities using that portion of the facility/building and the use to which the entity puts that portion of the facility/ building.

How often is that portion of the facility/building used by those entities?

# **Daycare**

•

What is the age range of children at the daycare	?				
How many children are typically enrolled at the daycare?					
Is there any sort of curriculum followed for all, or some of the children at the daycare?					
	YES	NO			
If so, has that curriculum been approved by any federal, state or local agency?					
	YES	NO			
Please describe the curriculum.					
Is the daycare operated in conjunction with or support of a charitable, educational, or religious facility, such as a hospital or school?					
	YES	NO			
Please explain the role of the daycare, if any, in					
What is the fee structure for the daycare?					
Are the face charged related to a family to chility to new?					
Are the fees charged related to a family's abili		NO			
	YES	NO			
If a family cannot afford to pay the fees, may they continue to send their child or children to the					
daycare?	YES	NO			
Does the daycare provide "scholarships", providing no-cost or reduced-cost daycare services to families who cannot afford to pay the normal fees?					
	YES	NO			
If so, how many children are enrolled on that	basis?				

# **Hospitals and Medical Facilities**

Does the hospital or medical facility turn patients away when they have no insurance, or cannot afford to pay for medical care at the hospital?

YES

NO

If the hospital or medical facility provides free or reduced-rate medical care for those who cannot afford to pay for their medical care, what is the value of the medical services provided on this basis during the most recent annual accounting period?

Does the hospital or medical facility contract with any other entity for the dayto-day operation of the facility, or the provision of staff for the facility?

YES NO

If YES, what is the entity and describe the service or services it provides?

How is the entity compensated for its services?

If the entity contracted with provides the staff for the facility, does the <u>hospital/medical</u> <u>facility</u> or <u>contract entity</u> direct the work of the staff, determine work assignments/ compensation and make the decisions regarding hiring, discipline, and termination of staff?

Hospital/Medical Facility

Contract Entity

## \*\* PLEASE PROVIDE A COPY OF THE CONTRACT. \*\*

What were the gross revenues of the hospital or medical facility during its most recent annual accounting period?

# Hospitals and Medical Facilities - continued

Is the hospital or medical facility reimbursed by any third party for the value of free or reduced- rate medical care provided by the hospital or medical facility?			
	YES	NO	
If so, what portion is reimbursed?			
Does the reimbursement come from a governmen	it entity?		
	YES	NO	
If not, from where does reimbursement come?			
Does the hospital or medical facility lease space to	o for-profit entities?		
	YES	NO	
If so, how much of the space in the hospital is leas	sed?		

What is the rent charged?

If the hospital or medical facility shows a profit, after expenses are paid, how is that money used or distributed?

# **Retail Store**

Describe the goods sold.

Describe how the prices of the goods sold are determined?

Are the goods sold for prices comparable to other stores selling similar goods? For example, if selling second-hand clothing and household items, are the prices charged comparable to prices for similar goods at other stores in the community selling second-hand clothing and household items?

YES

NO

If so, are there ever circumstances in which goods are sold at below comparable prices at similar retail stores?

Please describe those circumstances.

Are there ever circumstances under which goods are provided to needy people or charitable organizations free of charge? YES NO

Please describe those circumstances.

How many times in the previous twelve-month period have such donations been made?

What is the estimated value of goods provided free of charge?

# **Retail Store - continued**

How many people does the store employ?

Are the workers in the store part of an organized, ongoing job-training program?

YES NO

If so, please describe the program and how many workers in the store are part of that program.

If there are workers in the store who are not part of an ongoing job-training program, how are they hired and how many are there?

What were the gross revenues of the store during its most recent annual accounting period?

If the store shows a profit after expenses are paid, how are those monies used?

**Return to Improvement Types** 

If the "Submit Form" button does not work, right click and choose "Save As". Save your application to your desktop as "2016 Exemption - "Your Organization Name". Email your application as an attachment to exemptions@douglascounty-ne.gov.

If you are unable to email your application/questionnaire, click on the "PRINT" button and mail or deliver your documents to: Douglas County Assessor/Register of Deeds

Douglas County Assessor/Register of Deeds 1819 Farnam St. - 4th Floor Omaha, NE 68183