

**Assessor's Summary of Senior Citizen / Disabled Veteran Applicants
Assembly Meeting of March 15, 2005**

| <u>Name</u> | <u>Parcel #</u> | <u>Year(s)</u> | <u>Taxable Assessed</u> | <u>TCA</u> | | <u>Mill Rate</u> | <u>Tax Impact</u> |
|------------------------|-----------------|----------------|-------------------------|------------|-------|------------------|-------------------|
| <u>SENIORS</u> | | | | | | | |
| 1) BLOSSOM, Douglas F. | 139-050-18 | 2005 | \$291,100 | 65 | est | 10.00 | 2,911.00 |
| 2) CALER, Bernice L. | 049-210-19 | 2002 | \$4,000 | 30 | | 10.50 | 42.00 |
| | | 2003 | \$4,000 | | 12.10 | 48.40 | |
| | | 2004 | \$4,000 | | 12.10 | 48.40 | |
| | 049-210-20 | 2002 | \$3,200 | 30 | | 10.50 | 33.60 |
| | | 2003 | \$3,200 | | 12.10 | 38.72 | |
| | | 2004 | \$3,200 | | 12.10 | 38.72 | |
| | 049-210-15 | 2002 | \$6,700 | 30 | | 10.50 | 70.35 |
| | | 2003 | \$6,700 | | 12.10 | 81.07 | |
| | | 2004 | \$6,700 | | 12.10 | 81.07 | |
| | 049-210-14 | 2002 | \$182,100 | 30 | | 10.50 | 1,912.05 |
| | | 2003 | \$190,200 | | 12.10 | 2,301.42 | |
| | | 2004 | \$191,700 | | 12.10 | 2,319.57 | |
| 3) CALHOUN, Nelda A. | 174-022-05 | 2002 | \$65,100 | 20 | | 13.35 | 869.09 |
| | | 2003 | \$65,100 | | 13.35 | 869.09 | |
| | | 2004 | \$65,400 | | 13.35 | 873.09 | |
| 4) CALKINS, James L. | 174-192-05 | 2004 | \$206,200 | 20 | | 13.35 | 2,752.77 |
| 5) CROUCH, Dale P. | 012-140-70 | 2005 | \$63,700 | 55 | est | 12.50 | 796.25 |
| 6) ENGLISH, Jim J. | 055-422-24 | 2003 | \$122,000 | 58 | | 11.20 | 1,366.40 |
| | | 2004 | \$121,300 | | 11.35 | 1,376.76 | |
| 7) GIBBS, Phillip J. | 013-620-21 | 2005 | \$116,300 | 55 | est | 12.50 | 1,453.75 |
| 8) SKILLE, Boyd A. | 119-150-03 | 2005 | \$684,700 | 67 | est | 8.10 | 5,546.07 |
| 9) YOUNG, Ken W. | 065-321-20 | 2005 | \$12,700 | 58 | est | 11.50 | 146.05 |
| | 065-321-21 | 2005 | \$14,900 | | | 11.50 | 171.35 |
| TOTAL = | | | | | | | 26,147.03 |

VETERANS

| | | | | | | | |
|--------------------------|------------|------|-----------|----|-----|-------|-----------------|
| 1) DERRY, Rockford E. | 066-300-24 | 2004 | \$43,500 | 58 | | 11.35 | 493.73 |
| 2) GERHAUSER, Stanley R. | 014-290-10 | 2005 | \$171,500 | 55 | est | 12.50 | 2,143.75 |
| TOTAL = | | | | | | | 2,637.48 |

GRAND TOTAL = \$28,784.50

RECEIVED
MAR 01 2005
ALASKA DEPT.

Douglas F. Blossom

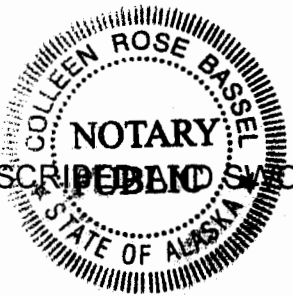
AFFIDAVIT OF 13905018
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):
I did not know that I didn't get
the exemption without filing

FURTHER AFFIANT SAITH NAUGHT.

Dated at 2/14/05, Alaska, this ___ day of _____, 2005.



Douglas F. Blossom
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 14 day of February, 2005.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

#139 050 18

2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS 29.45.131B(1)

RECEIVED

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

JAN 12 2005

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
262-4441 EXT 211 OR 1-800-478-4441

KPB ASSESSING DEPT JUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
049-210-20 VLT-CATION MUS ACCOMPANY INITIAL FILING

ACCOUNT # 04921014-9 CITY OR SERVICE AREA 30 Kenai
LEGAL DESC 04921019-8 Lots 6 & 29 Block 7 ValHalla Heights Sub
NAME Bernice L Calee SOCIAL SECURITY # _____
ADDRESS P.O. Box 941 (OPTIONAL) _____
CITY Kenai STATE AK ZIP 99611 (IF APPLICABLE) _____
TELEPHONE # _____

Have you received this exemption before? Yes or No
If YES, list the account/parcel number for the previous exemption: _____

PROJECT'S NAME _____
SPONSOR'S _____
(IF APPLICABLE) _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?
 YES
 NO
IF YES, ARE YOU AGE 60 OR OLDER?
 YES
 NO

TYPE OF DWELLING
 SINGLE FAMILY RESIDENCE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME - PARK _____
 OTHER SPECIFY _____

DO YOU OWN YOUR DWELLING?
 YES
 NO
 PART OWNER _____ % OF INTEREST _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?
 YES
 NO
 PART OWNER _____ % OF INTEREST _____

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

SEE 5.12.10(2) For more information regarding this property tax. If this property is a primary residence, all persons who are owners of the property are required to file this application. If the property is not a primary residence, only the owner(s) who are primary residence(s) need file this application. This application is not required for property used exclusively as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN ASS 29.45.131B(1) FOR THE ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 180 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS 11.66.110.

Bernice L. Calee Bernice L. Calee 1-12-2005
PRINTED NAME OF OWNER OR APPLICANT SIGNATURE DATE

ASSESSOR'S USE ONLY

| | | | |
|--|---------------------------|-------------|---|
| INPUT | APPROVED | DISAPPROVED | NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED <input type="checkbox"/> |
| OWNERSHIP & OCCUPANCY VERIFIED BY <u>OK DM 1/26/05</u> | AGE VERIFIED BY <u>OK</u> | | |
| TAXABLE AMOUNT: | INITIALS: | | |

049 21014 is Serial Home & should be exempt
049 21015; 19 & 20 are all Contig and used by Serial
These all should be used as Contiguous - DM 1/26/05

2004
2003
2002

AFFIDAVIT OF Bernice R. Caler
 (Senior Citizen or Disabled Veteran Name)
 AND APPLICATION FOR APPROVAL OF LATE FILING
 FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

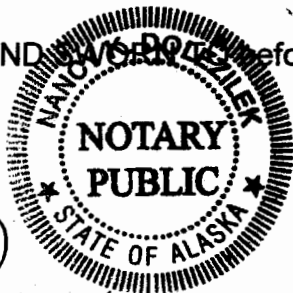
I have been promptly paying my real estate taxes to the borough since first acquiring property here in 1970. I have filed for the \$10,000 (\$20,000 this year) exemption on my home each year since it became available. I was unaware that any other exemption was available – specifically the one for Sr. Citizens – until a friend advised me of it this January. I filed for the 2005 Sr. Tax Exemption before the deadline and am requesting the exemption for the years 2002, 2003 and 2004. I was told that information regarding this particular exemption has been given out on the radio and in the Peninsula Clarion. However, I haven't subscribed to the Clarion since the 1980's and I never listen to the radio at all as I am hard of hearing and it bothers me.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Kenai, Alaska, this 24th day of January, 2005.

Bernice Caler
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 24 day of January, 2005.



Nanvo K Dolejalek
 Notary Public, State of Alaska
 My Commission Expires: 9-9-05

(house)

049-210-14

049-210-19; 20 & 15 (Contig)
 (OK Dole)

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2002
 2003
 2004

RECEIVED

JAN 28 2005

NOTARY PUBLIC

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

Account #: 174-022-05

City of Service Area: 20 - HOMER

SEP 17 2004

Legal Description: HM0002273 T06S R13W S09 SKYLINE VIEW SUB LOT 14

CALHOUN COURTNEY E & CALHOUN NELDA
A TRUSTEES
PO BOX 213
HOMER AK 99603
Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: 174-022-05

Social Security :
(Optional)
Date of birth:
Telephone: 91
Spouse's Name
Spouse's Date :

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY Has been apt for family use

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES

NO

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

NELDA A. Calhoun Trustee Nelda A. Calhoun 9/15/04
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

2004
2003
2002

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

| | | | |
|-----------------------------------|-----------------------|-----------------------|---|
| INPUT | APPROVED <i>DM</i> | DISAPPROVED | <input checked="" type="checkbox"/> PRIOR QUALIFIED <i>SNV since 2001</i> <input type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY | <i>Steve Ford</i> | <i>Just OK per SA</i> | AGE VERIFIED BY <i>no body living with them since</i> |
| TAXABLE AMOUNT: | <i>67% Per SA</i> | | INITIALS: <i>2001</i> |

Revised February 2004

SEP 17 2004

AFFIDAVIT OF Delda & Courtney Calhoun
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

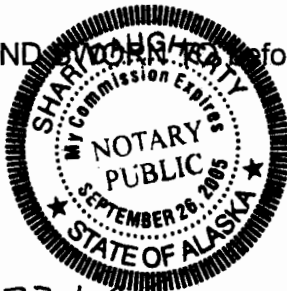
I erroneously understood that only part of the assessment could be exempt from tax. We were co-owners with Dennis + Charlotte Calhoun until 2001 when we purchased the other half interest. Our application for exemption dated 10-14-01 reflects that

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer , Alaska, this 16th day of Sept. , 2004.

Delda A. Calhoun
Courtney E. Calhoun
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND FORWARDED before me this 16 day of September , 2004.



Shari Daugherty
Notary Public, State of Alaska
My Commission Expires: 9-26-2005

174-022-05

2004
2003
2002

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

NOV 30 2004

Account #: 174-192-05

City of Service Area: 20 - HOMER

Legal Description: HM T06S R13W S11 PORTION THEREOF LYING N OF LOT 1 BLK 1 & E OF LOT 2
BLK 1 PUFFIN ACRES & S OF EAST ROAD EXCLUDING DOT ROW

CALKINS JAMES L OR BARBARA B
PO BOX 1108
HOMER AK 99603

Social Security
(Optional)

Date of birth: _____

Telephone: _____

Spouse's Name _____

Spouse's Date _____

Have you received this exemption before? YES or **NO**
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES

NO

PART OWNER: Lease 55 years % OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 5% House 50% Land %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

House George Hamm
Land Barbara Calkins
PRINT OR TYPE OWNER OF RECORD

George Hamm
SIGNATURE

11/24/04
DATE

Please return completed form and requested information to:

Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

2004
VARI

ASSESSOR'S USE ONLY

| | | | |
|--|-----------------------|----------------------------|---|
| INPUT | APPROVED <u>RH</u> | DISAPPROVED | <input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY | | AGE <u>DFC</u> VERIFIED BY | |
| TAXABLE AMOUNT: <u>2004 = \$206,200</u> <u>2005 = \$303,200</u> | | INITIALS: | |

NOV 30 2004

AFFIDAVIT OF James L. Calkins
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

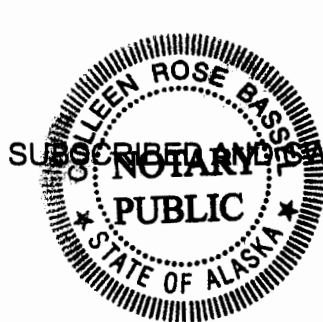
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

When I turned 65 I called the borough the lady
said that the borough did not track Leases so I did not
qualify. so I dropped it until I learned that people
in trailer homes in trailer parks qualify. so I came to
Soldotna and found out that I do qualify. That is the reason I am
Late.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 30th day of November, 2004
2003.



Genel Hamm
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBER AND I SWORN TO before me this 30 day of November, 2004
2003.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

174-192-05

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____ 2004

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

FEB 02 2005

Account #: 012-140-70

City of Service Area: 55 - NIKISKI SENIOR

Legal Description: KN0790068 T07N R12W S11 TRACT A CROUCH SUB

CROUCH DALE
PO BOX 8193
NIKISKI AK 99635

Social Security #
(Optional)

Date of birth: _____

Telephone: _____

Spouse's Name _____

Spouse's Date of Birth: _____

Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME: PARK _____ SP# _____
 OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
 NO

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

DALE CROUCH

PRINT OR TYPE OWNER OF RECORD

Dale Crouch

SIGNATURE

1/28/05

DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

2005

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

10/97 W/D

| | | | |
|-----------------------------------|----------|-------------|---|
| INPUT | APPROVED | DISAPPROVED | <input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY | | | AGE VERIFIED BY <u>[Signature]</u> |
| TAXABLE AMOUNT: | | | INITIALS: |

RECEIVED
FEB 02 2005

AFFIDAVIT OF DALE P. CROUCH
(Senior Citizen or Disabled Veteran Name)
**AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

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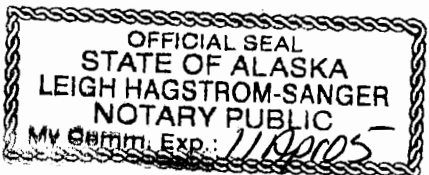
I thought the farms were sent out automatically but then again how would you know when I turned 65 (6/3/39) when I didn't receive the form by end of Jan. I contacted your office.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Niġiki, Alaska, this 31 day of January, 2005.

Dale P. Crouch
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 31 day of January, 2005.



Leigh Hagstrom Sanger
Notary Public, State of Alaska
My Commission Expires: 11 Apr 05

#012 140 70

2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION AS29.45.030(E)-(1)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
262-4441 EXT 211 OR 1-800-478-4441

RECEIVED

MAR 01 2005

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION MUST ACCOMPANY INITIAL FILING

ASSESSOR'S DEPT.

ACCOUNT # 05542224

CITY OR SERVICE AREA: _____

LEGAL DESC _____

NAME Jim J. English

SOCIAL SECURITY # (OPTIONAL)

ADDRESS PO Box 3925

DATE OF BIRTH

CITY Soldotna STATE AK ZIP 99669

TELEPHONE #

Have you received this exemption before? Yes or No
If YES, list the account/parcel number for the previous exemption: _____

SPOUSE'S NAME
SPOUSE'S DATE OF BIRTH

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

YES
 NO

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME: PARK _____ SP # _____
 OTHER: SPECIFY _____

IF YES, ARE YOU AGE 60 OR OLDER?

YES
 NO

DO YOU OWN YOUR DWELLING?

YES
 NO

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES
 NO

PART OWNER: _____ % OF INTEREST

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 10 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR. I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

Jim J. English
PRINT OR TYPE OWNER OF RECORD

Jim J. English
SIGNATURE

3-1-05
DATE

ASSESSOR'S USE ONLY

| | | | |
|--|------------------------------------|-------------|---|
| INPUT | 2005 APPROVED <u>per</u> | DISAPPROVED | <input type="checkbox"/> NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED |
| OWNERSHIP & OCCUPANCY VERIFIED BY <u>in person</u> | AGE VERIFIED BY <u>same parcel</u> | | |
| TAXABLE AMOUNT: | INITIALS: <u>for 2005</u> | | |

2003
2004

RECEIVED
MAR 01 2005

ACCEPT

AFFIDAVIT OF Jim J. English
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

Did not know about Filing

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 1 day of March, 2005.

Jim J. English
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 1 day of March, 2005.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

055 422 24

2003
2004

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

RECEIVED
JAN 24 2005

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

Account #: 013-620-21

City of Service Area: **55 - NIKISKI SENIOR** **KPB ASSESSING DEPT.**

Legal Description: **KN0950002 T07N R11W S01 TERN ACRES 1994 SUB AMENDED LOT 16B**

GIBBS PHILLIP J & HELEN I
46700 MEIMI WAY
KENAI AK 99611

Social Security
(Optional)

Date of birth: _____

Telephone: ✓

Spouse's Name _____

Spouse's Date _____

Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO
- PART OWNER: _____% OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Phillip J. Gibbs PRINT OR TYPE OWNER OF RECORD Phillip J. Gibbs SIGNATURE 1-24-04 DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

2005

ASSESSOR'S USE ONLY

| | | | |
|-----------------------------------|--------------------------------------|-------------|---|
| INPUT | APPROVED | DISAPPROVED | <input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY | <i>Telephone</i> <i>In person</i> | | AGE VERIFIED BY <i>BJC</i> |
| TAXABLE AMOUNT: | INITIALS: | | |

RECEIVED

013 620 21

JAN 26 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF Phillip James Gibbs
 (Senior Citizen or Disabled Veteran Name)
**AND APPLICATION FOR APPROVAL OF LATE FILING
 FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

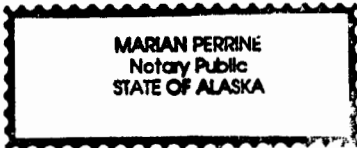
I didn't realize there was a dead line

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 26 day of JAN, 2005.

Phillip J. Gibbs
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 26th day of January, 2005.



Marian Perrine
 Notary Public, State of Alaska
 My Commission Expires: 6/10/2006

#013 620 21 2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

Account #: 119-150-03

City of Service Area: 67 - KPB ROADS

Legal Description: SW0002934 T05N R03W S27 US SURVEY 2934 SLAUGHTER CREEK GROUP LOT 11

SKILLE BOYD A & NORMA JEAN TRUSTEES
BOYD A & NORMA J SKILLE JT REV TRST
3744 LAKE OTIS PKWY
ANCHORAGE AK 99508

mail only

Social Security #
(Optional)

Date of birth: _____

Telephone: 96

Spouse's Name: _____

Spouse's Date of _____

Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES

NO

PART OWNER: _____% OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 - %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Boyd A. Skille
Norma Jean Skille
PRINT OR TYPE OWNER OF RECORD

Boyd A. Skille
Norma Jean Skille
SIGNATURE

2/28/05
DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

01/04 WD

| | | | |
|---|----------|----------------------------|---|
| INPUT | APPROVED | DISAPPROVED | <input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY <u>In person & OK Dec 31/05</u> | | AGE VERIFIED BY <u>BIC</u> | |
| TAXABLE AMOUNT: | | INITIALS: | |

AFFIDAVIT OF Boyd Allen Skille
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

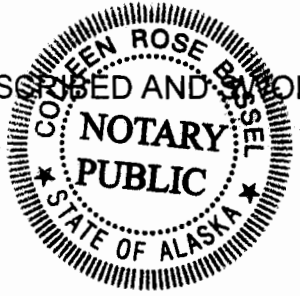
None on vacation

FURTHER AFFIANT SAITH NAUGHT.

Dated at 2/28/05, Alaska, this 28 day of 02, 2005.

Boyd A Skille / Norma Jean Skille
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 28 day of February, 2005.



Colleen Rose Bessel
Notary Public, State of Alaska
My Commission Expires: 6/4/07

#119-150-03 2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION AS29.45.030(E)-(1)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
262-4441 EXT 211 OR 1-800-478-4441

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION MUST ACCOMPANY INITIAL FILING

ACCOUNT # 065-321-21 + 065-321-20 CITY OR SERVICE AREA: STERLING, ALASKA

LEGAL DESC T-5-N, R-8-W, SECTION 13, KNO850001 MOOSE RANGE ESTATES, 1ST ADDN
LOTS 13A & 14A (37406 & 37400 ANETTA ST.)

NAME KEN W. YOUNG (YOUNG COMPANY) SOCIAL SECURITY # (OPTIONAL) _____
DATE OF BIRTH _____

ADDRESS P.O. BOX 1306 TELEPHONE # _____

CITY STERLING STATE AK ZIP 99672 SPOUSE'S NAME _____
SPOUSE'S DATE OF BIRTH _____

RECEIVED

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?
 YES
 NO
 IF YES, ARE YOU AGE 60 OR OLDER? YES NO

DO YOU OWN YOUR DWELLING?
 YES
 NO
 PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:
 SINGLE FAMILY RESIDENCE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME: PARK LOT 13A SP # _____
 OTHER: SPECIFY SHOP ON LOT 14A

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?
 YES
 NO
 PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

FEB 07 2005

KPB ASSESSING DEPT

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

KEN W. YOUNG (Edna) [Signature] 1-28-05
 PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

07194WB 2005
 NEW FILING PRIOR QUALIFIED

| | | | |
|---|-----------------------------|------------------------------------|-------------------------|
| INPUT | APPROVED <u>[Signature]</u> | DISAPPROVED | |
| OWNERSHIP & OCCUPANCY VERIFIED BY <u>D. Roten</u> | <u>1-27-04</u> <u>OK</u> | AGE VERIFIED BY <u>[Signature]</u> | <u>06532121</u> |
| LAND | BUILDING | TOTAL | LAND BUILDING |
| TOTAL PROPERTY VALUE | OTHER ADJUSTMENTS | | MUNICIPAL EXEMPTION |
| OWNERSHIP INTEREST | | | OTHER EXEMPTION |
| | EXEMPT VALUE | TAX CODE AREA | MILL RATE SEN CIT RATES |
| BOROUGH SVC AREA | | | |
| CITY | | | |
| TOTAL EXEMPT AMOUNT: _____ | | | |

SR USES CONTIGUOUS PARCEL (065-321-20) FOR PERSONAL USE. SHOP. 4R
 1-27-05

RECEIVED

FEB 07 2005

KPB ASSESSING DEPT

AFFIDAVIT OF KENNETH W. YOUNG
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

I WAS UNAWARE OF THE EXEMPTION UNTIL THE BOROUGH
ASSESSOR, G. POTEN, VISITED MY RESIDENCE ON 1-27-05.
HE ALSO GAVE ME 2 FORMS TO EXECUTE.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 7 day of February, 2005.

Kenneth W. Young
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of February, 2005.

NOTARY PUBLIC
STATE OF ALASKA
MARIA E. SWEPPY

Maria E. Sweppy
Notary Public, State of Alaska
My Commission Expires: 1-16-07

*****#065-321-20*****
LOT 14-A (SHOP) 2005
Contig.

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
(907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

Account #: 066-300-24

City or Service Area: 58 - CENT EMERG SVS

DEC 07 2004

Legal Description: KN0800065 T05N R09W S28 HEISTAND SUB ADDN NO 3 LOT 6

DERRY ROCKFORD E & MARY
37095 NERKA CT
SOLDOTNA AK 99669

Date of birth: _____

Social Security (Optional): _____

Spouse's Name: _____

Spouse's Date: _____

Telephone: 907-260-2643

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
- NO

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

IS DISABILITY "SERVICE CONNECTED"?

- YES
- NO

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR. I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR. CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Rockford Derry PRINT OR TYPE OWNER OF RECORD [Signature] SIGNATURE 7-12-04 DATE

ASSESSOR'S USE ONLY

| | | | |
|-----------------------------------|----------|-------------|---|
| INPUT | APPROVED | DISAPPROVED | <input checked="" type="checkbox"/> PRIOR QUALIFIED <u>VA HTR</u> <input type="checkbox"/> NEW APPLICANT <u>150% S/C</u> |
| OWNERSHIP & OCCUPANCY VERIFIED BY | | | DISABILITY STATUS VERIFIED BY: <u>unemployable</u> |
| TAXABLE AMOUNT: | | | INITIALS: |

2004

DEC 07 2004

**AFFIDAVIT OF Richard E. Perry
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

if didn't review my letter verifying my disability from VA.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 7 day of December, ~~2003~~ 2004.



Richard E. Perry
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of December, ~~2003~~ 2004.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

#066-300-24

2004

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
(907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

RECEIVED

Account #: 014-290-10

City or Service Area: 55 - NIKISKI SENIOR

FEB 03 2005

Legal Description: KN0950029 T07N R12W S13 METTILLE-CRABTREE REPLAT LOT 2A ASSESSING DEPT.

GERHAUSER STANLEY R & DENISE M
PO BOX 7557
NIKISKI AK 99635

Date of birth: _____

Social Security (Optional) _____

Spouse's Name _____

Spouse's Date _____

Telephone: 907 776 2145

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
- NO

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

IS DISABILITY "SERVICE CONNECTED"?

- YES
- NO

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR. CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Stanley R Gerhauser

[Signature]

2-3-05

PRINT OR TYPE OWNER OF RECORD

SIGNATURE

DATE

ASSESSOR'S USE ONLY

07/95 WD 2005

| | | | |
|-----------------------------------|----------|-------------|---|
| INPUT | APPROVED | DISAPPROVED | <input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT |
| OWNERSHIP & OCCUPANCY VERIFIED BY | | | DISABILITY STATUS VERIFIED BY: <u>VA ltr 50% S/C</u> |
| TAXABLE AMOUNT: | | | INITIALS: <u>[Signature]</u> |

Revised February 2005

RECEIVED

FEB 03 2005

ASSESSING DEPT.

**AFFIDAVIT OF Stanley R Gerhause
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

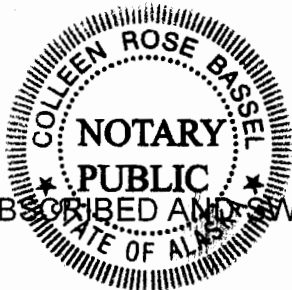
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following reason(s):

Letter recieved from UA on 2 Feb 05

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 3rd day of February, 2005.



Stanley R Gerhause
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3rd day of February, 2005.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

014-290-10 2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____