

# APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS29.45.030(E)-(1)

**DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR**

*Should be removed name be removed?*

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

RECEIVED

JUL 09 2004

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

KPB AS3 ASMS DEPT.

ACCOUNT # 172-220-14 CITY OR SERVICE AREA: 81 KACHEMAK

LEGAL DESC T055 R12W S32 Hmo 780036 MESA VIEW SUB ADD#1 LOTS 9-24 LOT 22

NAME JEAN C. ADAIR TRUSTEE

SOCIAL SECURITY # (OPTIONAL)

ADDRESS P.O. Box 3594

DATE OF BIRTH

CITY HOMER STATE AK ZIP 99603

TELEPHONE #

? Have you received this exemption before?  Yes or No  
If YES, list the account/parcel number for the previous exemption: 172-220-15-4 LOT 23

SPOUSE'S NAME  
SPOUSE'S  
DATE OF BIRTH

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 \_\_\_\_\_ or # \_\_\_\_\_  
 OTHER: SPECIFY GUEST CABIN

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 %

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

JEAN C. ADAIR TRUSTEE  
PRINT OR TYPE OWNER OF RECORD

Jean Adair Trustee  
SIGNATURE

7-7-04  
DATE

## ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>DM</u>	AGE VERIFIED BY	<u>DM</u>	<u>172-220-14</u>
TAXABLE AMOUNT:	<u>Full SR Exempt</u>		INITIALS:	<u>DM</u>

*per DM*

*05/01 DCI*  
*one parcel*  
*192-220-14*  
*DM*  
*1990*

JEAN C. ADAIR  
AFFIDAVIT OF \_\_\_\_\_  
(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 not aware until the Assessor was here that an extension could be available for adjoining parcels. I would have filed earlier but Assessor was not here until 6/30/04

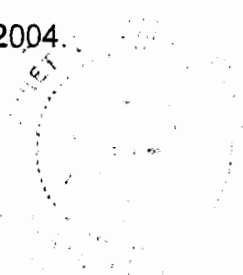
FURTHER AFFIANT SAITH NAUGHT.

Dated at Nome AK, Alaska, this 7th day of July, 2004.

Jean C. Adair Trustee  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7th day of July, 2004.

Janet E. Hansenberger  
Notary Public, State of Alaska  
My Commission Expires: 8/3/05



172-220-14 contiguous to

172-220-15

2002  
2003  
2004

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

Full Exempt  
per DM 7/22/04

# APPLICATION FOR SENIOR CITIZEN 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  
 262-4441 EXT 211 OR 1-800-478-4441

RECEIVED

AUG 02 2004

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

KPE ASS. DEPT.

ACCOUNT # 066-350-20 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC TOWN RO9W S28 KNO 9200 47

NAME ROBERT E. ALLEN

SOCIAL SECURITY #  
(OPTIONAL)

ADDRESS 35069 WATER FRONT WAY

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

IF YES, ARE YOU AGE 60 OR OLDER?

YES

NO

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK \_\_\_\_\_ SP # \_\_\_\_\_

OTHER: SPECIFY \_\_\_\_\_

DO YOU OWN YOUR DWELLING?

YES

NO

PART OWNER: 50 % OF INTEREST

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

YES

NO

PART OWNER: 50<sup>00</sup> % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? \_\_\_\_\_ %  
1/2 % to SON

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

Robert E. Allen PRINT OR TYPE OWNER OF RECORD      ROBERT E. ALLEN SIGNATURE      8-2-04 DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>SNV</u> <u>OF DM 8/4/04</u>	<u>BK</u>	AGE VERIFIED BY <u>VARI</u>
TAXABLE AMOUNT:	INITIALS:		

2004 TAXABLE \$85,100      2004  
 2003 TAXABLE \$75,400      2003  
 2002 TAXABLE \$75,400      2002

RECEIVED

AUG 02 2004

KPB ASSESSING DEPT.

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

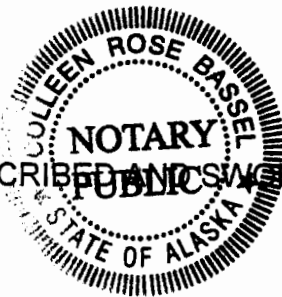
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

just learned about exemption.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 2<sup>nd</sup> day of August, 2004.



Robert E. Allen  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 2<sup>nd</sup> day of August, 2004.

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

#066-350-20

\*\*\*\*\*  
VAKE OK Per DM 8/4/04

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

**RECEIVED**

JUL 13 2004

Account #: 059-301-15

City of Service Area: 70 - SOLDOTNA

Legal Description: KN0840160 T05N R10W S30 MOORING BY THE RIVER SUB LOT 10 BLOCK 10

ARMSTRONG DONALD F & ANN L  
PO BOX 449  
SOLDOTNA AK 99669

**RECEIVED**  
JUL 12 2004

Social Security #  
(Optional)

Date of birth: \_\_\_\_\_

Telephone: 2

Spouse's Name: \_\_\_\_\_

Spouse's Date of \_\_\_\_\_

**KPB ASSESSING DEPT**

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? \_\_\_\_\_ %

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 AS 29.45.030(E) FOR THE 2004 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 AS 11.66.210.

ARMSTRONG DONALD F & ANN L  
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

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

2002  
2003  
2004

### ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE VERIFIED BY <u>B/C</u>
TAXABLE AMOUNT:			INITIALS: <u>CD</u> <u>04/97</u> <u>WD</u> <u>10K</u>

RECEIVED

JUL 13 2004

KPB 228 TNS DEPT.

AFFIDAVIT OF Ann L. Remstrom  
(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 exemption

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seward, Alaska, this 12<sup>th</sup> day of July, 2004.

Ann L. Remstrom  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 12<sup>th</sup> day of July, 2004.

Maria Perrine  
Notary Public, State of Alaska  
My Commission Expires: 6/10/06

059 301 15

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2002  
2003  
2004

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

**DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR** RECEIVED

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

JUL 12 2004

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

ACCOUNT # 15915038-2 CITY OR SERVICE AREA: 68 ANCHOR POINT FIRE  
 LEGAL DESC 24327 MISTY LANE (ESTATES SUB UNIT 1 L OF 1 BLOCK 1)  
TOSS RIAW S 18 HMD 770053 LUCKY HORSESHOE

NAME ED C CHRISTENSEN  
 ADDRESS PO Box 1449  
 CITY ANCHOR POINT STATE AK ZIP 99556

SOCIAL SECURITY # (OPTIONAL)  
 DATE OF BIRTH  
 TELEPHONE #  
 SPOUSE'S NAME WSEN  
 SPOUSE'S DATE OF BIRTH

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 %

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

ED C CHRISTENSEN Ed C Christensen 7-7-04  
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

**ASSESSOR'S USE ONLY**

APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED		
OWNERSHIP & OCCUPANCY VERIFIED BY _____		AGE VERIFIED BY <u>etc</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE	_____	_____	MUNICIPAL EXEMPTION	_____
OWNERSHIP INTEREST	OTHER ADJUSTMENTS	_____	OTHER EXEMPTION	_____
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	SEN CIT RATES
BOROUGH SVC AREA	_____	_____	_____	_____
CITY	_____	_____	_____	_____
TOTAL EXEMPT AMOUNT:				

2004

RECEIVED

JUL 21 2004

**AFFIDAVIT OF EDWARD CARL CHRISTENSEN JR  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

ALASKA DEPT. OF REVENUE

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 UNDERSTAND THE PROGRAM, WE THOUGHT BOTH OF US HAD TO BE 65.

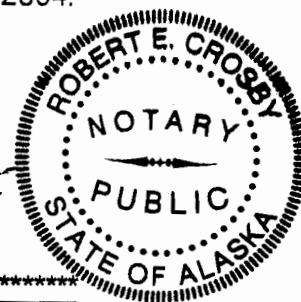
FURTHER AFFIANT SAITH NAUGHT.

Dated at NINILCHIK, Alaska, this 19 day of JULY, 2004.

Edward Carl Christensen Jr.  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 19<sup>th</sup> day of July, 2004.

[Signature]  
Notary Public, State of Alaska  
My Commission Expires: 8/28/2005



# 159-150-38

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004



# APPLICATION FOR SENIOR CITIZEN EXEMPTION AS 29.45.030(E)-(1)

## DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR RECEIVED

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

JUN 07 2004

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY KPB ASSESSING DEPT.

ACCOUNT # 049-480-11 CITY OR SERVICE AREA: Kenai AK

LEGAL DESC LOT 4 Block 1 3W's Sub Amended

NAME William D. Eastling  
ADDRESS 550 Wortham Ave  
CITY Kenai STATE AK ZIP 99611

SOCIAL SECURITY # (OPTIONAL)  
DATE OF BIRTH  
TELEPHONE #  
SPOUSE'S NAME  
SPOUSE'S DATE OF BIRTH

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 \_\_\_\_\_  
 OTHER: SPECIFY \_\_\_\_\_

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 %

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 AS 29.45.030(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 AS 11.56.210

William D. Eastling PRINT OR TYPE OWNER OF RECORD      William D. Eastling SIGNATURE      6-7-04 DATE

### ASSESSOR'S USE ONLY

08/02 WD 10K/DIS

APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY _____		AGE VERIFIED BY <u>PJC</u>	
LAND	BUILDING	TOTAL	LAND
TOTAL PROPERTY VALUE _____	_____	_____	MUNICIPAL EXEMPTION _____
OWNERSHIP INTEREST _____	OTHER ADJUSTMENTS _____	_____	OTHER EXEMPTION _____
	EXEMPT VALUE _____	TAX CODE AREA _____	MILL RATE _____
BOROUGH SVC AREA _____			SEN CIT RATES _____
CITY _____			
TOTAL EXEMPT AMOUNT: _____			

2004

RECEIVED

JUN 07 2004

KPB ASSESSING DEPT.

*William D. EASLING*

**AFFIDAVIT OF Senior Citizen  
(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):**

*didn't know this was available*

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 7 day of June, 2004.

*William D. Easling*  
\_\_\_\_\_  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of June, 2004.



*Christie Tilly*  
\_\_\_\_\_  
Notary Public, State of Alaska  
My Commission Expires: 12/26/2004

*# 049-480-11*

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# APPLICATION FOR SENIOR CITIZEN 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  
 262-4441 EXT 211 OR 1-800-478-4441

**RECEIVED**  
**MAY 24 2004**

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

ACCOUNT # 131-310-02 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC T040R11W503 K0072002F **KPB ASSESSING DEPT.**

NAME Harry G. Freten SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_

ADDRESS 33400 Gas Well Rd 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  
 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? \_\_\_\_\_ %

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

Harry G. Freten  
PRINT OR TYPE OWNER OF RECORD

Harry G. Freten  
SIGNATURE

5/25/04  
DATE

ASSESSOR'S USE ONLY

10/97 WD

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY	
		Mary years since 1999	
TAXABLE AMOUNT:		INITIALS:	

**RECEIVED**

2004

MAY 24 2004

KPB ASSESSING DEPT

RECEIVED

MAY 24 2004

KPB ASSESSING DEPT.

*Harry Fretter*  
SENIOR CITIZEN

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

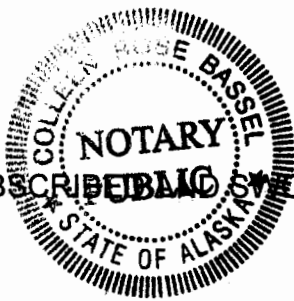
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

CHANGE OF ADDRESS took off exemption  
Now corrected - mail forwarding only  
during vacation

FURTHER AFFIANT SAITH NAUGHT.

Dated at Solotna, Alaska, this 25 day of MAY, 2004.



Harry G. Fretter  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 24 day of May, 2004.

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

# 131-310-02

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# APPLICATION FOR SENIOR CITIZEN 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  
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 # 01366011 CITY OR SERVICE AREA: Nikiski

LEGAL DESC LOT 2 Block 2 MARANATHA Sub # 2

NAME TARVIN L HALLMARK SOCIAL SECURITY # 1  
(OPTIONAL)

ADDRESS PO Box 8592 DATE OF BIRTH \_\_\_\_\_

CITY Nikiski STATE AK ZIP 99635 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

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 \_\_\_\_\_ 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 IS USED FOR COMMERCIAL OR RENTAL PURPOSES? \_\_\_\_\_ %

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

TARVIN L HALLMARK  
PRINT OR TYPE OWNER OF RECORD
Tarvin L Hallmark  
SIGNATURE
6-14-04  
DATE

### ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED <span style="font-size: 1.5em; font-weight: bold;">10K</span> <span style="font-size: 1.5em; font-weight: bold;">06/85 WD</span>
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>PJC</u>	
TAXABLE AMOUNT:		INITIALS:	

RECEIVED

JUN 14 2004

2004

RECEIVED

JUN 14 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF PARVIN L. HALLMARK  
 (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):

Departed September 1st 2003 ON AN  
EXTENDED VACATION IN Lower 48 States via R.V.  
Returned home 4-4-04.

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 14<sup>th</sup> day of June, 2004.

Parvin L. Hallmark  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 14 day of June, 2004.



Christine M. Tilly  
 Notary Public, State of Alaska  
 My Commission Expires: 12/20/2004

# 013-660-11

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS29.45.030(E)-(II)

## 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

JUL 09 2004

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

ACCOUNT # 174-380-13 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC FERNWOOD SUB UNIT 2 LOT 2 BLOCK 3

NAME Elizabeth Ann Johnson SOCIAL SECURITY # \_\_\_\_\_  
 (OPTIONAL)  
 DATE OF BIRTH \_\_\_\_\_  
 ADDRESS PO Box 695 TELEPHONE # \_\_\_\_\_  
 CITY  Homer  STATE  AK  ZIP  99603  SPOUSE'S NAME \_\_\_\_\_  
 SPOUSE'S DATE OF BIRTH \_\_\_\_\_

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? \_\_\_\_\_ %

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

Elizabeth Ann Johnson PRINT OR TYPE OWNER OF RECORD      Elizabeth Ann Johnson SIGNATURE      6 July 2004 DATE

### ASSESSOR'S USE ONLY

APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>Gary Koter Inspect</u>	AGE VERIFIED BY <u>B/C</u>	
LAND	BUILDING	TOTAL
TOTAL PROPERTY VALUE	MUNICIPAL EXEMPTION	MILL RATE
OWNERSHIP INTEREST	OTHER ADJUSTMENTS	OTHER EXEMPTION
BOROUGH SVC AREA	EXEMPT VALUE	TAX CODE AREA
CITY	MILL RATE	SEN CIT RATES
TOTAL EXEMPT AMOUNT: _____		

11/00 QCS

2004

RECEIVED

JUL 26 2004

KPB 2004 REPORT

**AFFIDAVIT OF Elizabeth Ann Johnson**  
**(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 realize I was eligible for a discount on taxes until the assessor asked if I was a senior. He kindly gave me a form to complete. It was given to the Homer office the same day. Because of limited income it would be very helpful to have the Sr. exemption.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 20 day of July, 2004.

Elizabeth Ann Johnson  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 20 day of July, 2004.

Diane Shoug  
Notary Public, State of Alaska  
My Commission Expires: 1-4-2007

#174-380-13

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004



# APPLICATION FOR SENIOR CITIZEN EXEMPTION

**DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR**

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE  
144 N BINKLEY ST. SOLDOTNA, AK 99889-7589  
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 # 17220042-0

CITY OF SERVICE AREA \_\_\_\_\_

LEGAL DESC T055 R12W S29 H100940019 FRITZ CREEK ACRES NO.3

NAME LEFEVRE RUSSELL C JR WANA A CO-TRUSTEES

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS P.O. BOX 15402

OPTIONALY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CITY FRITZ CREEK STATE AK ZIP 99603

TELEPHONE # \_\_\_\_\_

Have you received this exemption before?  YES or No

If YES, list the account/parcel number for the previous exemption: 17220042-0

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Are you the WIDOW/WIDOWER of a PREVIOUSLY QUALIFIED APPLICANT?

YES

NO

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? \_\_\_\_\_ %

KPB 3.12 (03/01) The assessor may determine that property has not been occupied as a primary residence and permanent place of abode if the tax is not occupied at for less than 183 days during the previous year unless the applicant furnishes satisfactory evidence that he failed to meet this test cannot did not involve residency or other, such 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 (UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHED BY A FINE OR IMPRISONMENT UNDER AS 11.56.210)

RUSSELL C. LEFEVRE JR (PRINT NAME OF TAXPAYER) [Signature] (SIGNATURE) 26 July 2004 (DATE)

ASSESSOR'S USE ONLY

08/97 ocd

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY	<u>2004</u>
TAXABLE AMOUNT		INITIALS:	

RECEIVED  
JUL 27 2004  
KPB ASS. BING DEPT.

2004

RECEIVED

JUL 27 2004

KPB ASSESSING DEPT.

**AFFIDAVIT OF Russell C. LeFeuvre Jr.**  
(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):

UNAWARE THAT 2 MONTH TEMPORARY CHANGE OF ADDRESS  
WHILE ON BUSINESS TRIP REMOVED PREVIOUSLY GRANTED SENIOR  
CITIZEN EXEMPTION. MY ALASKA RESIDENCY AND PERMANENT  
PLACE OF ABODE REMAINS UNCHANGED

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 26th day of July, 2004.

Russell C. LeFeuvre Jr.  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN to before me this 26 day of July, 2004.



Shari Daugherty  
Notary Public, State of Alaska  
My Commission Expires: 9-26-2005  
#172-200-42

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# APPLICATION FOR SENIOR CITIZEN 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  
 262-4441 EXT 211 OR 1-800-478-4441

MAY 24 2004

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

ACCOUNT # 133 430 39 CITY OR SERVICE AREA: Kasilof

LEGAL DESC 24100 Pollard Loop, T03N R11W S20 KN That portion of the SW 1/4 SW 1/4

NAME Alper L. Lemert

ADDRESS 24100 Pollard Loop, P.O. Box 170

CITY Kasilof STATE AK ZIP 99610

SOCIAL SECURITY # (OPTIONAL)

DATE OF BIRTH

TELEPHONE #

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

SPOUSE'S NAME  
 SPOUSE'S  
 DATE OF BIRTH

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?

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of residence if applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the applicant's use of the property as a primary residence and permanent place of residence 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

Alper Lemert  
 PRINT OR TYPE OWNER OF RECORD

Alper Lemert  
 SIGNATURE

5/24/04  
 DATE

## ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY <u>SNV</u>		AGE VERIFIED BY	
VERIFIED BY <u>OK DM 8/4/04</u>			
TAXABLE AMOUNT:		INITIALS:	

2004 TAXABLE \$110,800

2003  
2004

RECEIVED

MAY 24 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF Allen Lemen  
(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):  
Didn't know were 2 different Senior Citizen exemptions

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 24 day of May, 2004.



Allen Leslie Lemen  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 24 day of May, 2004.

Colleen Rose Bassel  
Notary Public, State of Alaska  
My Commission Expires: 6/03/07

# 133-430-39

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2003  
2004

Vari OK  
Per BM 8/4/04

# APPLICATION FOR SENIOR CITIZEN 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  
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 # 175-054-02 CONTIGUOUS AK CITY OR SERVICE AREA: HOMER  
175-054-03

LEGAL DESC Fairview Sub Lot 7 BIK 1

NAME William Jay Marley Trust SOCIAL SECURITY # \_\_\_\_\_  
William Jay Marley, Trustee (OPTIONAL) DATE OF BIRTH \_\_\_\_\_

ADDRESS 183 W. Bayview Ave. TELEPHONE # \_\_\_\_\_

CITY Homer STATE AK ZIP 99603-7014 SPOUSE'S NAME \_\_\_\_\_  
SPOUSE'S DATE OF BIRTH \_\_\_\_\_

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 %

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 2004 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  
The William Jay Marley Trust  
William Jay Marley, Trustee  
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE 5/24/04

ASSESSOR'S USE ONLY 07/95 QCD 2004

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>175-054-03</u> <u>on</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE	OTHER ADJUSTMENTS		MUNICIPAL EXEMPTION	
OWNERSHIP INTEREST	EXEMPT VALUE	TAX CODE AREA	OTHER EXEMPTION	SEN CIT RATES
BOROUGH SVC AREA			MILL RATE	
CITY				
TOTAL EXEMPT AMOUNT: _____				

USED BY SR FOR STORAGE. RECOMMEND FULL EXEMPTION.

RECEIVED

JUN 21 2004

KPB/AS - ASSESSMENT DEPT.

**AFFIDAVIT OF** William J. Charley  
(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 that the lot with Storage shed adjacent to my home property was eligible to be exempt as a Senior Citizen until the Borough appraiser visited recently & informed me of such. Appraiser was Gary Roten.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Nome, Alaska, this 16<sup>th</sup> day of June, 2004.

[Signature]  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 16<sup>th</sup> day of June, 2004.

Notary Public  
 ROSEMARY JENNINGS  
 State of Alaska  
 My Commission Expires Oct 3, 2005

[Signature]  
 Notary Public, State of Alaska  
 My Commission Expires: 10-3-05

2004

# 175-054-02 (contiguous to 175-054-03 (House))

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004  
 OK Full exemption on both per request ESY

# APPLICATION FOR SENIOR CITIZEN 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  
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 # 06044016 \$15 AM CITY OR SERVICE AREA: 70

LEGAL DESC E 100' of W 130' of S 155' of NW 1/4 NE 1/4

NAME Sylvia J. Merryman

SOCIAL SECURITY #  
(OPTIONAL)

ADDRESS 446 W. Riverview Ave

DATE OF BIRTH  
TELEPHONE #

CITY Soldotna STATE AK ZIP 99669

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

SPOUSE'S NAME  
SPOUSE'S  
DATE OF BIRTH

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

TYPE OF DWELLING:  
 SINGLE FAMILY RESIDENCE  
 CONDOMINIUM  
 MULTI-FAMILY  
 MOBILE HOME: PARK \_\_\_\_\_ SP # \_\_\_\_\_  
 OTHER: SPECIFY \_\_\_\_\_

YES  
 NO  
IF YES, ARE YOU AGE 60 OR OLDER? JUN 09 2004

KPB ASSESSING DEPT

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 %

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

Sylvia J. Merryman [Signature] 6-09-2004  
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

**ASSESSOR'S USE ONLY**

09/00 WD 10K

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

2004

RECEIVED  
JUL 11 2 2004  
KPB ASSESSING DEPT.

AFFIDAVIT OF Sylvia J. Merryman  
(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 deadline for application

RECEIVED

JUN 09 2004

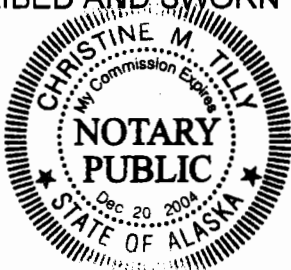
FURTHER AFFIANT SAITH NAUGHT.

KPB ASSESSING DEPT

Dated at Soldotna, Alaska, this 9<sup>th</sup> day of June, 2004.

Sylvia J. Merryman  
Sylvia J. Merryman  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 9 day of June, 2004.



Christine Tilly  
Notary Public, State of Alaska  
My Commission Expires: 12/20/2004

# 060-440-16 (House) # 060-440-15  
(Drawn) 2004

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

Contiguous  
OK  
7/1/04 DM



# 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

JUN 28 2004

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFYING DEPT.

ACCOUNT # 172-060-02 CITY OR SERVICE AREA: Greater Kachemak

LEGAL DESC Long legal N. of Homer East Rd.

NAME (Mary) Jane Middleton SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_

ADDRESS P.O. Box 15293 TELEPHONE # \_\_\_\_\_

CITY Fritz Creek STATE AK ZIP 99603 SPOUSE'S NAME \_\_\_\_\_  
 SPOUSE'S DATE OF BIRTH \_\_\_\_\_

ARE YOU THE WIDOW/WIDOWER OF 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 \_\_\_\_\_ SP # \_\_\_\_\_  
 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? None %

KP5 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

Jane Middleton PRINT OR TYPE OWNER OF RECORD      Jane Middleton SIGNATURE      6/25/04 DATE

ASSESSOR'S USE ONLY 06/94 Deed

APPROVED		DISAPPROVED		<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE VERIFIED BY <u>B/C</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING	<u>2002</u>
TOTAL PROPERTY VALUE			MUNICIPAL EXEMPTION		<u>2003</u>
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION		<u>2004</u>
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	SEN CIT RATES	
BOROUGH SVC AREA					
CITY					
TOTAL EXEMPT AMOUNT:					

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

RECEIVED  
JUN 25 2004  
KPB ASSESSING DEPT

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):

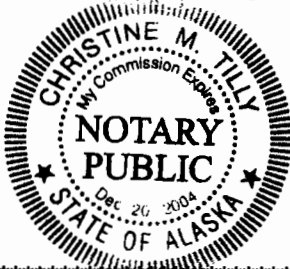
I didn't know how or where to apply until I talked with the assessor.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna AK, Alaska, this 25<sup>th</sup> day of June, 2004.

Jane Middleton  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 25 day of JUNE, 2004.



Christine M. Tilly  
Notary Public, State of Alaska  
My Commission Expires: 12/26/2004

# 172-060-02

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2002  
2003  
2004

# APPLICATION FOR SENIOR CITIZEN 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  
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 # 135-253-10 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC MOOSE RIVER MEADOWS SO. 5th Blocks 1+2 lot 10 Block 2

NAME JAMES E. MOORE SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_

ADDRESS 33430 Johnson Dr 33446 Johnson Dr 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: \_\_\_\_\_

8740

SPOUSE'S NAME \_\_\_\_\_  
SPOUSE'S DATE OF BIRTH \_\_\_\_\_

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? \_\_\_\_\_ %

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

JAMES E. MOORE  
PRINT OR TYPE OWNER OF RECORD

\_\_\_\_\_  
SIGNATURE

7/4/04  
DATE

**ASSESSOR'S USE ONLY**

05/99 WD PRR

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>Bk Passport</u>	<u>88,100</u>
TAXABLE AMOUNT:		INITIALS:	

RECEIVED 2003  
JUN 04 2004 2004

KPB ASSESSING DEPT.

**AFFIDAVIT OF James E. Moore**  
(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):

Out of state for cancer treatment  
De Miller Olympia WA  
Did not know about exemption

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 4 day of June, 2004.



[Signature]  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORE TO before me this 4 day of June, 2004.

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

# 135-253-10

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2003  
2004

# 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 # 145-230-18 CITY OR SERVICE AREA: Seward, AK

LEGAL DESC TOIN ROW 536 SW0770007

NAME RALPH L. MORRIS

SOCIAL SECURITY #  
(OPTIONAL)

ADDRESS P.O. Box 806

DATE OF BIRTH

CITY Seward STATE AK ZIP 99664

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

IF YES, ARE YOU AGE 60 OR OLDER?

- YES  
 NO

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE  
 CONDOMINIUM  
 MULTI-FAMILY  
 MOBILE HOME: PARK \_\_\_\_\_ SP # \_\_\_\_\_  
 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 %

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

RALPH L. MORRIS  
 PRINT OR TYPE OWNER OF RECORD

Ralph L. Morris  
 SIGNATURE

5-28-04  
 DATE

## ASSESSOR'S USE ONLY

09/03 RCD

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>RLC</u>	
TAXABLE AMOUNT:		INITIALS:	

RECEIVED

2004

MAY 28 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF RALPH L. MORRIS  
(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):

Was Not aware of the senior exemption  
Program until 5-27-04

FURTHER AFFIANT SAITH NAUGHT.

Dated at 5-28-04, Alaska, this 28 day of May, 2004.

Ralph L. Morris  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 28 day of May, 2004.

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

# 145-230-18

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

Account #: 133-114-12

City of Service Area: 63 - CENT HOSP EAST

Legal Description: KN0950049 T03N R12W S35 TRACT 3 CLAY FAMILY SUB

REYE DANIEL  
PO BOX 1152  
KASILOF AK 99610

Social Security #: 289 32 9136  
(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 F

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? \_\_\_\_\_ %

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.

I 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.

Daniel Rye PRINT OR TYPE OWNER OF RECORD      Daniel Rye SIGNATURE      10/9/04 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

### ASSESSOR'S USE ONLY

10/95 WD 10K

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE VERIFIED BY <u>B/C</u>
TAXABLE AMOUNT:			INITIALS:

AFFIDAVIT OF DANIEL REYE  
(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 KNOW

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 26 day of July, 2004.

Daniel Reye  
(Senior Citizen and/or Disabled Veteran Signature)



SUBSCRIBED AND SWORN TO before me this 26 day of July, 2004.

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

# 133 114 12

\*\*\*\*\*

2004

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

AUG 02 2004

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

ACCOUNT # 191470 03 CITY OR SERVICE AREA: SELDOWIA

LEGAL DESC LOT A-4 MCGILH SUB NO 3 AMENDED

NAME JOANNE C. ROGERS SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_

ADDRESS P.O. Box 242 DATE OF BIRTH \_\_\_\_\_

CITY SELDOWIA STATE AK ZIP 99663 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

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 \_\_\_\_\_  
 OTHER: SPECIFY \_\_\_\_\_

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? \_\_\_\_\_ %

2 BED ROOMS IN SUMMER JUNE-AUG FOR B&B

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

JOANNE C. ROGERS  
PRINT OR TYPE OWNER OF RECORD

Joanne C. Rogers  
SIGNATURE

8/2/04  
DATE

ASSESSOR'S USE ONLY

09/11 WD

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>ok</u>	AGE VERIFIED BY	<u>Passport</u>
TAXABLE AMOUNT:	INITIALS:		

2004 Taxable 456,000

2004

UNRECORDED

AUG 02 2004

K... ..

AFFIDAVIT OF Joanne C. Rogers  
(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 UNDERSTAND THE FILING DEADLINE.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 2<sup>nd</sup> day of August, 2004.

Joanne C. Rogers  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 2<sup>nd</sup> day of August, 2004.



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

# 191-470-03

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004  
 Variable  
 OK per sm  
 8/3/04

# APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS29.45.030(E)-(II)

**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

JUL - 2 2004

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

KPB ASSESSING DEPT

ACCOUNT # 06357612-1 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC LOT 1 SCOOT RIDGE SUB.

NAME JAMES G. SHAW SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_

ADDRESS 34390 SCOOT W.D.P. DATE OF BIRTH \_\_\_\_\_

CITY STERLING STATE AK ZIP 99672 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

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

TYPE OF DWELLING:

- SINGLE FAMILY RESIDENCE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK \_\_\_\_\_ OF # \_\_\_\_\_
- 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 %

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

JAMES G. SHAW  
 PRINT OR TYPE OWNER OF RECORD

James G. Shaw  
 SIGNATURE

7-2-04  
 DATE

ASSESSOR'S USE ONLY

09/9/04 WD

10K

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>BK</u>		
TAXABLE AMOUNT:		INITIALS:		

2003  
2004

RECEIVED  
JUL - 2 2004  
KPB ASSESSING DEPT

AFFIDAVIT OF James Shaw  
(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):

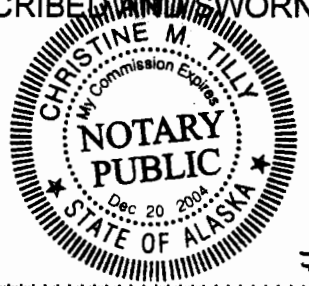
I did NOT KNOW THE CORRECT TIME OR DATE

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 2 day of July, 2004.

James Shaw  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 2 day of July, 2004.



Christine M. Tilly  
Notary Public, State of Alaska  
My Commission Expires: 12/20/2004

#063 57012

2003  
2004

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

# APPLICATION FOR SENIOR CITIZEN 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  
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

**RECEIVED**

ACCOUNT # 065-163-10

CITY OR SERVICE AREA: \_\_\_\_\_  
**MAY 21 2004**

LEGAL DESC \_\_\_\_\_

NAME ELEANOR WALKER

**KPB AS29.45.030(E)-(I)**

SOCIAL SECURITY # \_\_\_\_\_  
(OPTIONAL)

ADDRESS PO BOX 1264

DATE OF BIRTH \_\_\_\_\_

CITY STERLING STATE AK ZIP 99672

TELEPHONE # \_\_\_\_\_

Have you received this exemption before? Yes or No

SPOUSE'S NAME \_\_\_\_\_

If YES, list the account/parcel number for the previous exemption: \_\_\_\_\_

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 \_\_\_\_\_  
 OTHER: SPECIFY \_\_\_\_\_

IF YES, ARE YOU AGE 60 OR OLDER?

- YES  
 NO

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

DO YOU OWN YOUR DWELLING?

- YES  
 NO

- YES  
 NO

PART OWNER: 50% OF INTEREST

PART OWNER: 50% OF INTEREST

*Two Seniors  
Not Married  
50% each*

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 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

PRINT OR TYPE OWNER OF RECORD

Eleanor Walker  
SIGNATURE

5-20-04  
DATE

**ASSESSOR'S USE ONLY**

08/03 QCD SNV

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <u>BLC</u>	
TAXABLE AMOUNT:		INITIALS:	

2004

RECEIVED

MAY 21 2004

KOD/ASST. TREAS. DEPT.

AFFIDAVIT OF Eleanor Walker  
 (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):

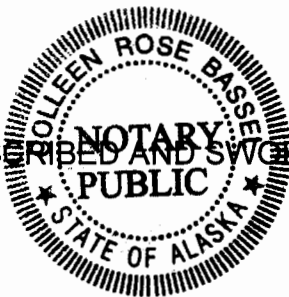
Outside the State on vacation  
first time eligible in 2004  
Owns 1/2 of property 2 Seniors (1/2 each)  
Senior variable

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 20 day of May, 2004.

Eleanor Walker  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 20 day of May, 2004.



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

#065-163-10

ASSEMBLY ACTION:

APPROVAL \_\_\_\_\_

DENIAL \_\_\_\_\_

2004

# 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 # 159471-17 CITY OR SERVICE AREA: Ninilchik

LEGAL DESC PICK FRASER SUB 21A(LOT)

NAME CORA WHITE SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_

ADDRESS 19861 Sterling Hwy DATE OF BIRTH \_\_\_\_\_

CITY Ninilchik STATE AK ZIP 99639 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

IF YES, ARE YOU AGE 60 OR OLDER?

YES  
 NO

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK \_\_\_\_\_ SP # \_\_\_\_\_

OTHER: SPECIFY \_\_\_\_\_

**RECEIVED**

DO YOU OWN YOUR DWELLING?

YES  
 NO

JUL 12 2004

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? w/a %

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

Cora White  
 PRINT OR TYPE OWNER OF RECORD

Cora White  
 SIGNATURE

7-12-04  
 DATE

### ASSESSOR'S USE ONLY

INPUT	<input checked="" type="checkbox"/> APPROVED <i>OK per SM</i>	<input type="checkbox"/> DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCURANCY, VERIFIED BY <u>DL inspect</u>	AGE VERIFIED BY <u>OK</u>			
TAXABLE AMOUNT:	INITIALS:			

2004

RECEIVED  
JUL 12 2004  
KPB ASSESSING DEPT

AFFIDAVIT OF CORA WHITE  
(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):

DIDN'T KNOW ABOUT IT - TAXES  
HAVE ALREADY BEEN PAID

FURTHER AFFIANT SAITH NAUGHT.

Dated at 7-12-04, Alaska, this \_\_\_ day of \_\_\_\_\_, 2004.

Cora White  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 12<sup>th</sup> day of July, 2004.

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

# 159-471-17

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004  
OK for  
SUK  
inspected  
per DM



# 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  
 262-4441 EXT 211 OR 1-800-478-4441

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

ACCOUNT # 16537005-7 CITY OR SERVICE AREA 68-ANCHORAGE PT FIDE

LEGAL DESC T04S R14W S22 Am 0742 194 TERRACE VIEW SUB. TRACT 37

NAME WAGNER D COOL  
 ADDRESS PO # 198  
 CITY ANCHORAGE AK STATE AK ZIP 99556

SOCIAL SECURITY # \_\_\_\_\_  
 (OPTIONAL)  
 DATE OF BIRTH \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_  
 SPOUSE'S DATE OF BIRTH \_\_\_\_\_

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 \_\_\_\_\_ SP # \_\_\_\_\_  
 OTHER: SPECIFY \_\_\_\_\_

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

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS LOCATED?  
 YES  
 NO  
 PART OWNER: \_\_\_\_\_ % OF INTEREST

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

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 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

WAGNER D COOL PRINT OR TYPE OWNER OF RECORD      WAGNER D COOL SIGNATURE      7-8-04 DATE

ASSESSOR'S USE ONLY

02/03 QCD

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY		DISABILITY VERIFIED BY <u>VALTR as of 4/22/03 50%</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE	_____	_____	MUNICIPAL EXEMPTION	_____
OWNERSHIP INTEREST	OTHER ADJUSTMENTS	_____	OTHER EXEMPTION	_____
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES
BOROUGH SVC AREA	_____	_____	_____	_____
CITY	_____	_____	_____	_____
TOTAL EXEMPT AMOUNT: <u>2004</u>				

16 5.370.05

RECEIVED

JUL 09 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF Wagner D. Cool  
(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 about  
the program.

FURTHER AFFIANT SAITH NAUGHT.

Dated at HOMER, Alaska, this 8 day of July, 2004

Wagner D. Cool  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 8 day of July, 2004



Diane Kimberly Gilbert  
Notary Public, State of Alaska  
My Commission Expires: 8/12/06

# 165 - 370 - 05

\*\*\*\*\*

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# 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**

**JUL 14 2004**

Account #: 133-381-40

City or Service Area: 63 - CENT HOSP EAST

Legal Description: KN0850160 T03N R11W S03 SOLDOTNA SOUTH SUB LOT 5 BLOCK 3

*ASSESSOR'S DEPT.*

**GRUDZINSKI JOHN M & CONNIE A  
48814 SANDHILL CRANE LP  
SOLDOTNA AK 99669**

Date of birth:           

Social Security #  
(Optional)                     

Spouse's Name:                     

Spouse's Date of                     

Telephone: 907-260-4859

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

- YES
- NO

IS DISABILITY "SERVICE CONNECTED"?

- 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 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 PERMITTED IN AS29.45.030(E) FOR THE 2004 ASSESSMENT YEAR AS OF JANUARY 15TH OF THE ASSESSMENT YEAR I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE FOR AT LEAST 183 DAYS DURING THE PREVIOUS YEAR. I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, UNDERSTANDING AND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.91B(2)(f).

PRINT OF THE OWNER OF RECORD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSESSOR'S USE ONLY**

*2004*

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <input type="checkbox"/> NEW APPLICANT <i>Since</i>
OWNERSHIP & OCCUPANCY VERIFIED BY			DISABILITY STATUS <i>2000</i> VERIFIED BY:
TAXABLE AMOUNT:			INITIALS:

RECEIVED

JUL 14 2004

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

KPB 43 - ING DEPT.

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):

Believed all papers were turned in early in Jan 04  
John was preparing for total knee replacement surgery  
in March 04 - Never took time for follow up.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 7/14/04, Alaska, this 14 day of July, 2004.

John M Grudzinski  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SIGNOR TO before me this 14 day of July, 2004.



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

# 133 38140

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# 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  
 262-4441 EXT 211 OR 1-800-478-4441

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

**RECEIVED**  
 JUL 07 2004  
 KPBE ASSESSING DEPT.

Account #: 066-270-10

City or Service Area: 63 - CENT HOSP EAST

Legal Description: KN0760173 T05N R08W S20 KING RAPIDS SUB LOT 2 BLOCK 2

KRAUSE ALWIN H  
 PO BOX 1182  
 STERLING AK 99672

Date of birth:                     

Social Security #  
 (Optional)                     

Spouse's Name:                     

Spouse's Date of                     

Telephone: 907 252-2474

DO YOU HAVE A DISABILITY RATED 100% OR GREATER BY THE VA?

- YES
- NO

IS DISABILITY "SERVICE CONNECTED"?

- 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 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 AS 29.45.030(E) FOR THE 2003 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. I 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 16.210.

PRINT OR TYPE OWNER OF RECORD:                      SIGNATURE:                     

### ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <i>CF</i>
			<input type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY	
TAXABLE AMOUNT:		INITIALS: <i>(2004)</i>	

RECEIVED  
JUL 07 2004  
KPB ASSESSING DEPT.

AFFIDAVIT OF ALWIN H KRAUSE  
(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):

EXEMPTION PULLED BECAUSE THEY THOUGHT  
I MOVE, I GO TO P.A. TWO TIMES A YEAR  
TO CARE FOR PARENTS FATHER (88) MOTHER (85)  
TOTAL 90 DAYS

FURTHER AFFIANT SAITH NAUGHT.

Dated at 07/07/04, Alaska, this 07 day of July, 2004.

Alwin Krause  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of July, 2004.

Marion Perrine  
Notary Public, State of Alaska  
My Commission Expires: 6/10/06

# 066 270 10

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004

# APPLICATION FOR DISABLED VETERAN EXEMPTION AS 29.45.030(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  
 262-4441 EXT 211 OR 1-800-478-4441

RECEIVED

JUN 22 2004

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

ACCOUNT # 13145604 CITY OR SERVICE AREA Soldotna KPB ASSESSOR'S DEPT.

LEGAL DESC Damon Plaza Sub No. 2 Lot 4 Block 6

NAME Amber L. Lapp  
 ADDRESS P.O. Box 1888  
 CITY Soldotna STATE AK ZIP 99669

SOCIAL SECURITY # (OPTIONAL)  
 DATE OF BIRTH  
 TELEPHONE #  
 SPOUSE'S NAME  
 SPOUSE'S DATE OF BIRTH

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 \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_

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

- 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 AS 29.45.030(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 AS 11.56.210

Amber L. Lapp  
PRINT OR TYPE OWNER OF RECORD

Amber L. Lapp  
SIGNATURE

22 June 04  
DATE

ASSESSOR'S USE ONLY

APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED		
OWNERSHIP & OCCUPANCY VERIFIED BY _____		DISABILITY VERIFIED BY <u>VALTRC 5020 as of 11/03</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE	_____	_____	MUNICIPAL EXEMPTION	_____
OWNERSHIP INTEREST	OTHER ADJUSTMENTS	_____	OTHER EXEMPTION	_____
EXEMPT VALUE	TAX CODE AREA	_____	MILL RATE	DIS VET RATES
BOROUGH SVC AREA	_____	_____	_____	_____
CITY	_____	_____	_____	_____
TOTAL EXEMPT AMOUNT: _____				

3/03 QCD

2004

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

RECEIVED

JUN 22 2004

KPB ASSESSING DEPT.

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):

Disability was not adjusted until November of 2003. Furthermore,  
just recieved paperwork verifying disability percentage.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 22 day of June, 2004.



Amber L. Lapp  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 22 day of June, 2004.

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

2004

#131-456-04

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  
 262-4441 EXT 211 OR 1-800-478-4441

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

RECEIVED

JUL 22 2004

Account #: 165-520-14 *17*

City or Service Area: 68 - ANCHOR PT FIRE/EMS

Legal Description: HM0780020 T04S R14W S28 COTTONWOOD EAST SUB LOT 5 BLOCK 2

SMITH DAVID D & SHARON L  
 PO BOX 333  
 ANCHOR POINT AK 99556

Date of birth: \_\_\_\_\_

Social Security (Optional) \_\_\_\_\_

Spouse's Name 4

Spouse's Date \_\_\_\_\_

Telephone: (907) 235 3945

DO YOU HAVE A DISABILITY RATED 100% OR GREATER BY THE VA?

- YES
- NO

IS DISABILITY "SERVICE CONNECTED"?

- YES
- NO

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO
- PART OWNER: \_\_\_\_\_ % OF INTEREST

TYPE OF DWELLING:

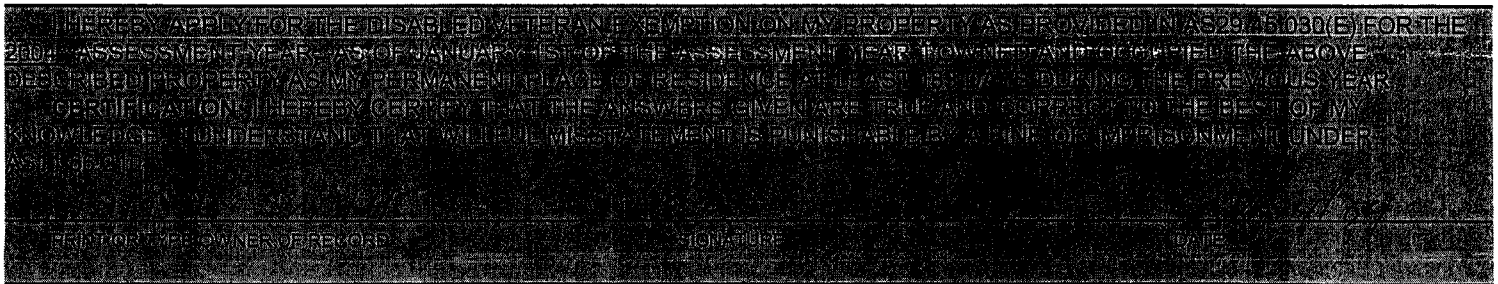
- SINGLE FAMILY RESIDENCE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK \_\_\_\_\_ SP# \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_

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

- YES
- NO
- PART OWNER: \_\_\_\_\_ % OF INTEREST

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

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.



ASSESSOR'S USE ONLY

*Since 2001*

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <i>Positive</i> <input type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY <i>DM OK for 2004</i>		AGE VERIFIED BY <i>VA LTR</i>	
TAXABLE AMOUNT:		INITIALS:	

AFFIDAVIT OF David Smith  
(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):

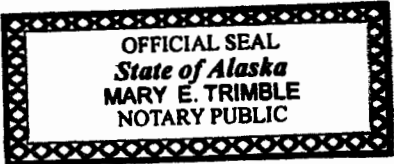
did not return updated VA letter &  
EXEMPTION WAS DELETED.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Anchor Point, Alaska, this 16 day of July, 2004.

David Smith  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 16<sup>th</sup> day of July, 2004.



Mary E. Trimble  
Notary Public, State of Alaska  
My Commission Expires: 10-21-04

165-520-14 & 165-520-17 (house) Courtig  
(driveway)

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

2004  
OK per  
DM  
8/3/04