

RECEIVED

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

SEP 15 2004

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

KPB ASSESSING DEPT.

Account #: 063-420-12

City of Service Area: 58 - CENT EMERG SVS

Legal Description: KN0740098 T05N R09W S13 MOOSE RIVER ESTATES SUB LOT 5 BLOCK 3

FONTENOT BRYAN J & KATHRYN D ET AL
PO BOX 2392
SOLDOTNA AK 99669

Social Security (Optional)

Date of birth:

Telephone: (

Spouse's Name

Spouse's Date

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

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

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO

PART OWNER: 50 % OF INTEREST

TYPE OF DWELLING.

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

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

- YES
- NO
- PART OWNER: 50 % 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 AS20.25.0604E 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 AFFIRM THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BELIEF AND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS 11.56.210.

PRINT OR TYPE NAME OF APPLICANT: _____ SIGNATURE: _____ DATE: _____

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

2004

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

ASSESSOR'S USE ONLY

08/03 OT.

VARI

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>[Signature]</u> <u>9/16/04</u>			<input checked="" type="checkbox"/> NEW APPLICANT
TAXABLE AMOUNT:			AGE VERIFIED BY <u>[Signature]</u>
			INITIALS:

2004 TAXABLE \$ 40,100

Revised February 2004

RECEIVED

SEP 15 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF Kathryn D. Fontenot
 (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):

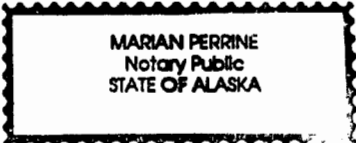
Had no formal ID in possession.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 15 day of September, 2004.

Kathryn D. Fontenot
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 15th day of September, 2004.



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

063-420-12 VARI 50% CK Per DM

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2004
Taxable
\$40,100

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

SEP 09 2004

Account #: 035-290-13

City of Service Area: 67 - KPB ROADS

Legal Description: SW0000049 T10N R02W S34 NU-HOPE TOWNSITE ALASKA SUB LOT 4 BLOCK 2

FRIEDMAN DONALD J
PO BOX 52
HOPE AK 99605

Social Security #
(Optional)

Date of birth:

Telephone:

Spouse's Name

Spouse's Date of Birth

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

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

YES

NO

IF YES, ARE YOU AGE 60 OR OLDER?

YES

NO

DO YOU OWN YOUR OWN DWELLING?

YES

NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

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

YES

NO

PART OWNER: _____% OF INTEREST

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

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

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS 29.15.030(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 AS 11.56.210.

DONALD J. FRIEDMAN
PRINT OR TYPE OWNER OF RECORD

[Signature]
SIGNATURE

DATE

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

2004

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

ASSESSOR'S USE ONLY

05197 WD

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

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

AUG 15 2004

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

ACCOUNT # 64702113.4 CITY OR SERVICE AREA: 30

LEGAL DESC Anchor Mobile Home Park Lot 13

NAME Margaret L. Nelson
 ADDRESS 11823 Kenai Spur Hwy Lot 13
 CITY Kenai STATE AK ZIP 99611

SOCIAL SECURITY (OPTIONAL)
 DATE OF BI
 TELEPHON
 SPOUSE'S N
 SPOUSE'S
 DATE OF B'

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 Anchor MH SP # 13

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

MARGARET L. NELSON Margaret L. Nelson 8/4/2004
 PRINT OF THE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

1187 OT 2004

INPUT	<u>OK per DM</u> APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>8/11/04</u>	AGE VERIFIED BY	<u>B/C</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:				

SEP 13 2004

AFFIDAVIT OF Margaret L Nelson
(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.

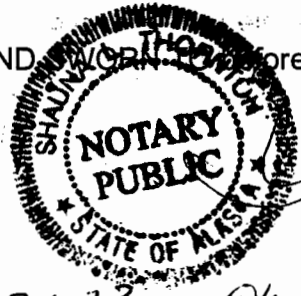
Failure to meet the filing deadline is based on the following reason(s):

I've and have been considered
Disabled to work for a long time
and I turned a report to you
about three years ago I thought once
was enuff for I am now 67 years
old.
FURTHER AFFIANT SAITH NAUGHT.

Dated at Kenai, Alaska, this 8 day of Sept, 2003: 2004

Margaret L Nelson
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND Witnessed before me this 8 day of Sept, 2003: 2004



Shaun W. Cronin
Notary Public, State of Alaska
My Commission Expires: My Commission Expires
August 28, 2007

047 021 13 OK Per DM

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____ 2004

APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS29.45.C301E-11
RECEIVED

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

KPB ASSESSOR'S DEPT.

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

ACCOUNT # 06374006-2 CITY OR SERVICE AREA Sterling

LEGAL DESC T05N R09W 514 KNO 790149 Forstner Sub No.2

NAME Ted K Rasmussen

SOCIAL SECUR
(OPTIONAL)
DATE OF B

ADDRESS PO Box 708

CITY Sterling STATE AK ZIP 99669

TELEPH

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

SPOUSE'S
SPOUSE'S
DATE OF _____

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 %

AS 11.56.021 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 AS 11.56.210

Ted K. Rasmussen
PRINT OR TYPE OWNER OF RECORD

Ted K. Rasmussen
SIGNATURE

7-22-04
DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED <u>[Signature]</u>	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED 2002 2003 2004
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>[Signature]</u> 8/11/04	AGE VERIFIED BY	<u>SDZ</u>
TAXABLE AMOUNT	INITIALS: <u>Senior Vari</u>		

2004 Taxable \$16,100
2003 Taxable \$16,100
2002 Taxable \$13,800

AFFIDAVIT OF Ted Rasmussen
(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):

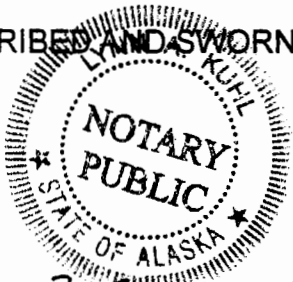
was waiting on proof of age. DD 214 arrived
approx 2 wks ago

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 9 day of August, 2004.

Ted K. Rasmussen
(Senior Citizen and/or Disabled Veteran Signature)

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



Linda Kuhl
Notary Public, State of Alaska
My Commission Expires: 10/28/05

#063740-06

VARI ok Per DM

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2002
2003
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 #: 175-160-37

City of Service Area: 20 - HOMER

Legal Description: HM0810021 T06S R13W S19 BUNNELLS SUB NO 11
CONDOMINIUMS UNIT 104

REITER GERRIANNE
PO BOX 3252
HOMER AK 99603

Social Secu (Optional) _____
Date of birth _____
Telephone: _____
Spouse's Name _____
Spouse's Date of Birth _____

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

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

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

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

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

- YES
 NO
 PART OWNER: 1/12 % OF INTEREST

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

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

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.060(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.

GERRIANNE REITER
PRINT OR TYPE OWNER'S FULL NAME 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

2004

ASSESSOR'S USE ONLY 10K 03/199 QCD

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE <u>67</u> VERIFIED BY
TAXABLE AMOUNT:			INITIALS:

RECEIVED
AUG 09 2004
KPB... DEPT.

AFFIDAVIT OF GERRIANNE REITER
(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):

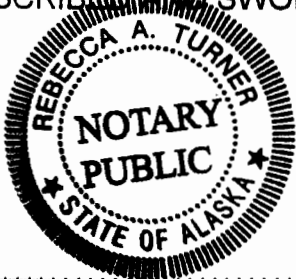
I just found out about the exemption.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 3 day of August, 2004.

Gerrianne Reiter
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3rd day of August, 2004.



Rebecca A. Turner
Notary Public, State of Alaska
My Commission Expires: April 02, 2004

#175-160-37

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 # 063-014-08 CITY OR SERVICE AREA: MISSOURI ST STERLING AK
 LEGAL DESC 705 N R09W S04 KN, N.E. 1/4 - NE 1/4 SR 1111
 NAME JOHN RUSS SOCIAL SECUR (OPTIONAL) _____ DATE OF I _____
 ADDRESS PO BOX 1352 39485 MISSOURI ST
 CITY Sterling STATE AK ZIP 99672 TELEPHK _____
 Have you received this exemption before? Yes or No
 If YES, list the account/parcel number for the previous exemption: _____
 SPOUSE'S SPOUSE'S DATE OF _____

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

John Russ PRINT OR TYPE OWNER OF RECORD SIGNATURE John Russ DATE 7-15-04

ASSESSOR'S USE ONLY 06/18/04 WD

INPUT	APPROVED <u>OK per JT</u>	DISAPPROVED	<input type="checkbox"/> NEW FILING	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>Since</u>
OWNERSHIP & OCCUPANCY VERIFIED BY <u>To Anch for Medical -</u>	AGE VERIFIED BY <u>1990</u>			
TAXABLE AMOUNT: <u>Dr. letter OK</u>	INITIALS:			

RECEIVED

2004

JUL 15 2004

KPB ASSESSING DEPT

RECEIVED

JUL 15 2004

KPB ASSESSING DEPT

AFFIDAVIT OF John Russ
(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):

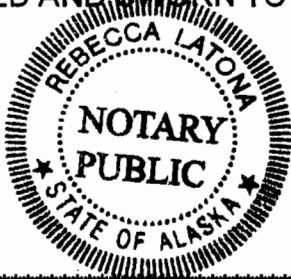
Didn't receive an exemption from
~~P. office~~ P. office was notified of
address change before I moved back to
Sterling 2-1-04

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 15 day of July, 2004.

John Russ
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 15th day of July, 2004.



Rebecca Latona
Notary Public, State of Alaska
My Commission Expires: 05/19/07

#063-014-08

OK per CT

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 10 2004

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

ACCOUNT # 175-151-02

CITY OR SERVICE AREA: HOMER, AK

LEGAL DESC T06S R13W S29 HM

NAME John Smith
 ADDRESS 320 W Pioneer
 CITY HOMER STATE AK ZIP 99603
7021

SOCIAL SEC (OPTIONAL) DATE OF
 TELEPH
 SPOUSE'S SPOUSE'S DATE OF

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? 90 %

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.

John Smith PRINT OR TYPE OWNER OF RECORD John Smith SIGNATURE 8/2/04 DATE

ASSESSOR'S USE ONLY

12/2000 WD

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

SRV TAXABLE: 2002 = \$303,900 / 2003 = \$303,900 / 2004 = \$303,900

RECEIVED
AUG 19 2004
KPB ASSESSING DEPT.

AFFIDAVIT OF John 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):

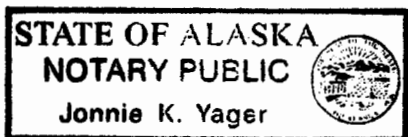
Unaware of eligibility

FURTHER AFFIANT SAITH NAUGHT.

Dated at Womer, Alaska, this 16 day of August, 2004.

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

SUBSCRIBED AND SWORN TO before me this 16 day of August, 2004.



[Signature]
Notary Public, State of Alaska
My Commission Expires: 9/13/2007

2002
2003
2004

175-151-02

SN Variable OK Per Am

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 23 2004

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

ACCOUNT # 058-140-41442 CITY OR SERVICE AREA: _____

LEGAL DESC T05N R10W S25 Soldotna East Sub N010 Lot 1 B

NAME Dean D. Talley

SOCIAL SECURITY (OPTIONAL)
 DATE OF BI _____

ADDRESS P.O. Box 425

TELEPHON _____

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: _____

SPOUSE'S N
 SPOUSE'S
 DATE OF BI _____

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

- YES
 NO

TYPE OF DWELLING:

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

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

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

- YES
 NO

DO YOU OWN YOUR DWELLING?

- YES
 NO

PART OWNER: _____ % OF INTEREST

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

Dean D. Talley
 PRINT OR TYPE OWNER OF RECORD

Dean D. Talley
 SIGNATURE

8/23/04
 DATE

ASSESSOR'S USE ONLY

Contig

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

2002
 2003
 2004

RECEIVED

AUG 23 2004

KPB ASSESSING DEPT.

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

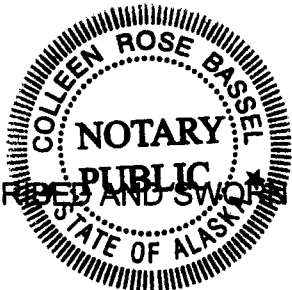
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

I did not know about this exemption

FURTHER AFFIANT SAITH NAUGHT.

Dated at 8/23/04, Alaska, this 23 day of Aug, 2004.



Dean D. Talley
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 2004.

Colleen Rose Bassel
 Notary Public, State of Alaska
 My Commission Expires: 6/9/07

house #058-140-41 & 42 (well & driveway) Contig

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2002
2003
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 #: 177-010-64

City of Service Area: 20 - HOMER

SEP 17 2004

Legal Description: HM0800074 T06S R13W S17 BAYVIEW GARDENS SUB ADDN NO 3 LOT 13 BLOCK 9

UTTER ROY G TRUSTEE
PO BOX 401
HOMER AK 99603

Social Security
(Optional)

Date of birth: _____

Telephone: 909 _____

Spouse's Name _____

Spouse's Date _____

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

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

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

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

- YES
 NO

PART OWNER: _____% OF INTEREST

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

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 AS29.45.080(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 MISSTATEMENTS IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

ROY G. UTTER PRINT OR TYPE OWNER OF RECORD [Signature] SIGNATURE 9-17-04 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
2003
2002

ASSESSOR'S USE ONLY

10/12/00

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

Not ok per sth

ADK

Utter by Mr. Utter

No Birth Certificate D (cannot find)

AFFIDAVIT OF Roy G. Utter
(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 program - just found out. Have lived here in this house since 1985. I built it.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 17 day of Sept, 2004.

Roy G. Utter
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 17 day of Sept, 2004.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07 2004
2003
2002

177 - 010 - 64 ok per SH

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

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

AUG 23 2004

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

ACCOUNT # 01345027-5 CITY OR SERVICE AREA: Nikiski

LEGAL DESC TOWN R11W LOT 12 GREEN FOREST S4BD

NAME HAROLD WIK SOCIAL SEC (OPTIONAL) _____

ADDRESS PO BOX 7191 DATE OF _____

CITY NIKISKI STATE AK ZIP 99635 TELEPH _____

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

SPOUSE'S SPOUSE'S DATE OF _____

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? NONE %

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

HAROLD WIK
PRINT OR TYPE OWNER OF RECORD
Harold Wik
SIGNATURE
8-23-04
DATE

ASSESSOR'S USE ONLY

08/15 WD 10K

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

2004

RECEIVED

AUG 23 2004

KPB ASS. & REG. DEPT.

AFFIDAVIT OF Harold Wink
(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 told at 65 I was not qualified

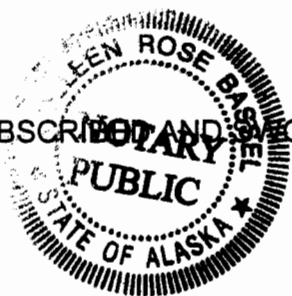
But got a Bill when I turned 66

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 23rd day of August, 2004, 2003.

Harold Wink
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 23 day of August, 2003.



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

#013-450-27

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2004

APPLICATION FOR DISABLED VETERAN EXEMPTION AS 29.45.030(E)

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

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO AGAL BY 2004

ACCOUNT # 049-1160-18 CITY OR SERVICE AREA KENAI ASSEPT.

LEGAL DESC Inlet view sub-third Addn Part one lot 1

NAME Randall Roy Borchardt SOCIAL SECUR (OPTIONAL) _____
 ADDRESS 209 Normsq ST DATE OF E _____
 CITY Kenai STATE AK ZIP 99611-3485 TELEPHC _____
 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 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

RANDALL R. BORCHARDT Randall R. Borchardt 7-30-04
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY		DISABILITY VERIFIED BY <u>WTR</u> <u>Since 2003</u>		
LAND	BUILDING	TOTAL	LAND <u>5/10 70%</u>	BUILDING
TOTAL PROPERTY VALUE	OTHER ADJUSTMENTS		MUNICIPAL EXEMPTION	
OWNERSHIP INTEREST	EXEMPT VALUE	TAX CODE AREA	OTHER EXEMPTION	DIS VET RATES
BOROUGH SVC AREA				
CITY				<u>2004</u>
TOTAL EXEMPT AMOUNT:				

AUG 18 2004

RECEIVED

AFFIDAVIT OF Randall R. Borchardt
(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 requested release of my medical information from the
VA back in 12-15-03. I also called them on a regular basis
for them to submit the medical information you require. They
finally sent this letter (attached) with their determination
Of my 70% disability. I subsequently presented it to your⁷⁻¹⁻⁰⁴
office for your consideration.
FURTHER AFFIANT SAITH NAUGHT.

Dated at Kunai, Alaska, this 13 day of August, 2004.

Randall R. Borchardt
(Senior Citizen and/or Disabled Veteran Signature)
Randall R. Borchardt

SUBSCRIBED AND SWORN TO before me this 13th day of August, 2004.

State of Alaska
NOTARY PUBLIC
JUNIE STEINBECK
My Commission expires: 6/8/06

Junie Steinbeck
Notary Public, State of Alaska
My Commission Expires: 6/8/06

049-160-18

2004

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____