RECEIVED APPLICATION FOR SI	ENIOR CITIZEN EXEMPTION	
	RY 15TH OF THE EXEMPTION YEAR	
SEP 1 5 2004	N JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY	
	MUST ACCOMPANY INITIAL FILING	
1	of Service Area: 58 - CENT EMERG SVS	
Legal Description: KN0740098 T05N R09W S13 MC		
FONTENOT BRYAN J & KATHRYN D ET AL	Social Securit (Optional)	."
PO BOX 2392	Date of birth:	
SOLDOTNA AK 99669	Telephone: (
Have you received this exemption before? YES or NO	Spouse's Nar	
If YES, list the account/parcel number for the previous	•	
exemption:	Spouse's Dat	
ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?	TYPE OF DWELLING. ☐ SINGLE FAMILY RESIDENCE	
_	☐ CONDOMINUM	
☐ YES ☑~NO	MULTI-FAMILY	
IF YES, ARE YOU AGE 60 OR OLDER?	MOBILE HOME: PARKSP#_SP#	-
YES		-
□ NO	DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?	
DO YOU OWN YOUR OWN DWELLING?	DYES	
☐ YES ☐ NO	□ NO	
PART OWNER: 50 % OF INTEREST	PART OWNER: 50 % OF INTEREST	
WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FO	R COMMERCIAL OR RENTAL PURPOSES?%	
KPB 5.12.105(E) The assessor may presume that property has not be	en occupied as a primary residence and permanent place of abode if the	ne
applicant occupied it for less than 183 days during the previous year up this requirement did not involve occupancy of another dwelling as a pri		et
Comment with the street of the	ON CREAT PERCEPTER A MALTEROPHICA DE 1847/SEC. 35. (ESDAE) PO	n R
	THE ASSET SCHMAN AND ASSET THE SECOND SECTION OF THE SECOND SECON	
ACOMENT CERT DEPOTE TO A SECURIT DE COMENT DE	A. St. Spickliff (T. J. 2000) and the street March 1990 of the street of	
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KNOWALEDCE: ILLIANO-ESSESSES III. VAN WALE PIOLE ALESSEATE.	MENTER PROPERTY OF THE OF THE POLICE OF THE PROPERTY.	
MADELS Visual rections		
A MEGALOWINE OWNER OF PERCORD	SIGNATURA	

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

	(907) 714-2230 c	or 1-800-478-4441 Fax	(907) 262-8633/	
		ASSESSOR'S USE ON	LY 08/03 01	VARI
INPUT	APPROVED	DISAPPROVED	PRIOR QUALIFIED	
			NEW APPLICANT	
OWNERSHIP & OCCU VERIFIED BY	PANCY 9/16/0	4	AGE ADS PORTON VERIFIED BY	
TAXABLE AMOUNT:			INITIALS:	

2004 TAXABLE \$ 40,100

Revised February 2004

KPB ASSESSING DEPT.

AFFIDAVIT OF KATHOUND FOR TENED (Senior Citizenior Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. 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 furmed ID in Possessium.
Aga 116 767 Mat + 12 111 PCJ3(22101).
FURTHER AFFIANT SAITH NAUGHT.
Dated at Scidotna, Alaska, this 15 day of September, 200%
(Senior Citizen) and/or Disabled Veteran Signature)
SUBSCRIBED AND SWORN TO before me this 15th day of September, 2004
MARIAN PERRINE Marian Perrine
Notary Public State of Alaska
My Commission Expires: 6/10/2606
#063-420-12 VARI 50% OK Per DM
1004
ASSEMBLY ACTION: APPROVAL DENIAL
Saxable 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 0 0 2004 City of Service Area: 67 - KPB ROADS Account #: 035-290-13 Legal Description: SW0000049 T10N R02W S34 NU-HOPE TOWNSITE ALASKA SUB LOT 4 BLOCK 2 Social Security # FRIEDMAN DONALD J (Optional) PO BOX 52 Date of birth: _4 **HOPE AK 99605** Telephone: ' Have you received this exemption before? YES or NO Spouse's Name If YES, list the account/parcel number for the previous Spouse's Date of exemption: 20 ARE YOU THE WIDOW/WIDOWER OF A TYPE OF DWELLING: PREVIOUSLY QUALIFIED APPLICANT? SINGLE FAMILY RESIDENCE CONDOMINUM ☐ YES ☐ MULTI-FAMILY NO 🖾 ☐ MOBILE HOME: PARK_ SP# IF YES, ARE YOU AGE 60 OR OLDER? OTHER: SPECIFY ☐ YES DO YOU OWN THE LAND ON WHICH YOUR **DWELLING IS SITUATED?** DO YOU OWN YOUR OWN DWELLING? **M** YES **⊠** YES □ NO □ NO ☐ PART OWNER: _____% OF INTEREST _% OF INTEREST □ PART OWNER: __ 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, ASIPROVIDED IN AS29 \$5030(E) FOR THE <u>2005</u> ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR FOWNED AND OCCURIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE 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. 15 UNDER AS11.56.210. T FACEDAGAS. BEOWNER OF RECORD PRINT OR TY Please return completed form and requested information to: 2004 Kenai Peninsula Borough Assessor 144 North Binkley Street Soldotna AK 99669 (907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

DISAPPROVED T PRIOR QUALIFIED **INPUT APPROVED** NEW APPLICANT **OWNERSHIP & OCCUPANCY** VERIFIED BY VERIFIĚD BY TAXABLE AMOUNT: INITIALS:

Revised February 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

AUG () > 2004

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY TO QUALIFY TO THE EXEMPTION YEAR TO THE YEAR TO 64702113.4 30 CITY OR SERVICE AREA: LEGAL DESC Anchor Mobile Home Park Lot SOCIAL SECURI TIONAL) DATE OF BI **TELEPHO!** SPOUSE'S N DATE OF B ARE YOU THE WIDOW/WIDOWER OF A

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

OF YES, ARE YOU AGE 60 OR OLDER?

AUG 1 2004

OTHER: SPECIFY YES DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES
NO
PART OWNER: ______% OF IN DO YOU OWN YOUR DWELLING?
YES
NO
PART OWNER: ______% O _% OF INTEREST % 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 AS 1 1.56.2.10

A MARGARET LIVELSON MARGARET PRIORITY STORY OF HECORD SIGNATURE

PRINT OR TYPE OWNER OF HECORD SIGNATURE 200 ASSESSOR'S USE ONLY NEW FILING PRIOR QUALIFIED APPROVED DISAPPROVED INPUT OWNERSHIP & OCCUPANCY AGE VERIFIED BY VERIFIED BY LAND BUILDING TOTAL LAND BUILDING MUNICIPAL EXEMPTION TOTAL PROPERTY VALUE OTHER ADJUSTMENTS OTHER EXEMPTION OWNERSHIP INTEREST EXEMPT VALUE TAX CODE AREA MILL RATE SEN CIT RATES BOROUGH SVC AREA CITY TOTAL EXEMPT AMOUNT:

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):
and of truned a report to you
word three years ago manger once was entired for down now le 7 years further affiant saith NAUGHT!
Dated at Keron, Alaska, this & day of Japan, 2003. 2004

Veteran Signature) 200\\. re me/this SUBSCRIBED AND Notary Public, State of Alaska
My Commission Expires: My Commission Expires
August 28, 2007

ASSEMBLY ACTION:

APPROVAL

DENIAL

200H

APPLICATION FOR SENIOR CITIZEN EXEMPTION ASSUMPTION OF THE EXEMPTION OF TH

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 CLOER ON JANUARY 1ST OF THE EXEMPTION YEAR TO COMPANY INITIAL FILING CITY OF SERVICE AHEA Sterling ACCOUNT # 06374006-2 LEGAL DESC TOSN ROOW 514 KNO 790149 Forstner Sub No.2 Rasmussen SOCIAL SECUR (JANCITYO) 708 DATE OF E STATE 45 ZIP 99669 TELEPHO SPOUSE'S SPOUSE'S Have you received this exemption before? Yes or No If YES, list the account/parcel number for the pravious DATE OF L TYPE OF DWELLING:

Single Family Residence
CONDOMINIUM
MULTI-FAMILY
MOBILE HOME PARK
OTHER: SPECIEV ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT? M NC F YES, ARE YOU AGE 60 OR OLDER? SP # DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES
NO OND PART OWNER: % OF INTEREST KPS 5.12.108%) The washapproming presume that property has not been occupied as a primary residence end parmenent piece approper occupied in for less than 180 days during the provinus year unless the applicant provides antialectory evidence the most this requirement did not involve occupancy of another Gwelling as a primary residence and permanent piece of abode. THEREBY APPLY FOR THE SENICR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(6) FOR THE ASSESSMENT YEAR, AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I DWINED 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 UNCER AS11.56.210 Tes K. Rasmussen 7-22-04 Ted K. Rasmussen DATE ASSESSOR'S USE ONLY NEW FILING | PRIOR QUALIFIE APPROVED **OISAPPROVED** INPUT AGE DUZ OWNERSHIP & OCCUPANCY VERIFIED BY VERIFIED BY TAXABLE AMOUNT INITIALS: Server Va Tapable #16,100 Topable #16,100 Tapable #13,800 2003

2002

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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

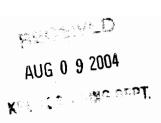
Failure to meet the filing deadline is based on the following reason(s):
was waiting on proof of age. DD 214 arrived
approx awksags
FURTHER AFFIANT SAITH NAUGHT.
Dated at Soldufre, Alaska, this 9 day of August, 2004.
(Senior Citizen and/or Disabled Veteran Signature)
SUBSCRIBED AMOSWORN TO before me this 9 day of August, 2004.
Notary Public, State of Alaska My Commission Expires: 10/28/65 # 063 740-06 VART De Per DM
ASSEMBLY ACTION: APPROVAL DENIAL

APPLICATION FOR SENIOR CITIZEN EXEMPTION DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

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

Account #: 175-16	<u>50-37</u>	City	of Service Area	: 20	- HOMER		
Legal Description:	HM0810021 T06S R CONDOMINIUMS UN						
REITER GERRIAI	NNE		Socia (Option	Secu al)			-
PO BOX 3252 HOMER AK 9960	2		Date of	of birth			_
HOMER AN 9900	3		Telep	none:			_
If YES, list the accor	his exemption before? Yourt/parcel number for the	previous	•	e's Na e's Du			_
ARE YOU THE W	IDOW/WIDOWER OF ALIFIED APPLICANT?	A	TYPE OF DW	ELLIN			
☐ YES ☑ NO IF YES, ARE YO ☐ YES	U AGE 60 OR OLDER		☑ CONDOM ☐ MULTI-FA ☐ MOBILE H ☐ OTHER: \$	INUM MILY HOME: SPECIF	PARK		<u> </u>
⊠ YES	OUR OWN DWELLING	?	DWELLING IS	SITU			
□ NO □ PART OWNI	ER:% OF	INTEREST	PART OV	/NER:	*/12 % OF IN	TEREST	
WHAT PORTION OF T	HIS PROPERTY (IF ANY	') IS USED FO	R COMMERCIAL	OR RE	ENTAL PURPOSES?	?	%
applicant occupied it for le	essor may presume that pro ess than 183 days during the evolve occupancy of another	previous year un	less the applicant	provides	satisfactory evidence t		
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			orough Assesso kley Street				2014
	(907) 714-2230 c	or 1-800-478-	4441 Fax (9			<u> </u>	2001
		ASSESSO	R'S USE ONL	160	OK 03/	19 QC	
INPUT	APPROVED	DISAPP	PROVED		RIOR QUALIFIED		
WNERSHIP & OCCUP ERIFIED BY	ANCY			AGE	IED BY		
XABLE AMOUNT:			n	INITIA	LS:		

Revised February 2004



AFFIDAVIT OF GERRIANNE REMER (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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing	g deadline is based on the following reason(s):
Quist.	Lound out about the
	found out about the
	· · · · · · · · · · · · · · · · · · ·
FURTHER AFFIANT SAI	TH NAUGHT.
Dated at Homes	, Alaska, this 3 day of Occupied , 2004.
	(Senior Citizen and/or Disabled Veteran Signature)
SUBSCRIBEDIAND SWO	ORN TO before me this 3 Retay of Qugust, 2004.
NOTARY	Relieves a. Summan Notary Public, State of Alaska My Commission Expires: April 02, 2004
OF ALAMMINI	#175-160-37
ASSEMBLY ACTION:	APPROVAL DENIAL 200

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

VERIFICATION MUST ACC	COMPANY INITIAL FILING , MISSOURI ST
ACCOUNT #063 - 014-08	CITY OR SERVICE AREA: STERLING AK
LEGAL DESC +05 N ROGW SO4 K	N, N.E. 1/4-NET 52 1/11
NAME JOHN CUSS	, SOCIAL SECUF
ADDRESS ROX 1352 39485 A	MISSOURI ST DATE OF
CITY Staking STATE At ZIP	99672 TELEPHO
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?	TYPE OF DWELLING: SINGLE FAMILY RESIDENCE CONDOMINIUM MULTI-FAMILY MOBILE HOME: PARK
☐ YES ☐ NO	OTHER: SPECIFY
DO YOU OWN YOUR DWELLING? YES NO	DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED? YES NO
PART OWNER:% OF INTEREST	PART OWNER:% OF INTEREST
WHAT PORTION OF THIS PROPERTY IS USED FOR KPB 5.12.105(E) The assessor may presume that property has not been or applicant occupied it for less than 183 days during the previous year unmeet this requirement did not involve occupancy of another dwelling as	ccupied as a primary residence and permanent place of abode if the less the applicant provides satisfactory evidence that the failure to a primary residence and permanent place of abode.
ASSESSMENT YEAR AS OF JANUARY 1ST OF THE	MY PROPERTY AS PROVIDED IN AS29,45,030(E) FOR THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.
CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHAD PRINT OR TYPE OWNER OF RECORD SIGNATURE	ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BUT BY A FINE OR MPRISONMENT UNDER AS11.56.210
ASSESSOR'S	
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OWNERSHIP & OCCUPANCY VERIFIED BY 10 HACK for Medical -	AGE VERIFIED BY 1990
TAXABLE AMOUNT: DV. Letter CK	INITIALS:
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RECEIVED

JUL 1 5 2004

KPB ASSESSING DEPT

Revised 10/2003

KPB ASSESSING DEPT

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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. 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):

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ADDRESS CH	lange Ref	one I MOVE	D BACK + StERM-	U 92-1-
FURTHER AFFIANT SA				7
Dated at Sol Dofn	Alaska, this 🔼	Sday of Jul	, 2004.	
	(Senior 9	itizen and/or Disabled Veter	an Signature)	
SUBSCRIBED AND SMI	Notary IC My Con	Reveca Laton Public, State of Alaska nmission Expires: 05	<u>a</u> 5/19/07	100H
	111111111 # 4063 - OI	14-08 K	200 CJ	
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

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GAL DESC 1068	R13W S29 H	/V1		
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DRESS 320	WPIDA	066	TELEPH	
TY HOME	STATE	162	SPOUSE'S SPOUSE'S DATE OF	
E YOU THE WIDOW/\ EVIOUSLY QUALIFIED		TYPE OF D SINGLE CONDO	FAMILY RESIDENCE	
YES NO YES, ARE YOU AGE 6 YES	0 OR OLDER?	MULTI-	FAMILY HOME: PARK SPECIFY	SP #
NO YOU OWN YOUR DW YES	VELLING?	YOUR DWE	WN THE LAND ON WH LLING IS SITUATED?	HICH
NO	% OF INTEREST	⊠ YES □ NO □ PART O	OWNER:% O	F INTEREST
WHAT PORT	TION OF THIS PROPERTY	IS USED FOR COMMERC	IAL OR RENTAL PURPO	oses? <u>90</u> %
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I HEREBY APPLY FOR ASSESSMENT DESCRIBED PROPERT RTIFICATION: I HEREBY I UNDERSTAND THAT	S then 183 days during the of involve occupancy of another the SENIOR CITIZEN EYEAR AS OF JANUARY AS MY PERMANENT FOR CERTIFY THAT THE ATT WILLFUL MISSTATEME	revious year unless the applicher dwelling as a primary research the dwelling as a primary research to the control of the ASSESSMENT ACE OF RESIDENCE AT ISSUERS GIVEN ARE TRUENT IS PUNISHABLE BY A	cant provides satisfactory idence and permanent place. RTY AS PROVIDED IN IT YEAR, I OWNED AN LEAST 183 DAYS DUE AND CORRECT TO THE OR IMPRISONMENT	AS29.45.030(E) FOR THE ND OCCUPIED THE ABOVE RING THE PREVIOUS YEAR HE BEST OF MY KNOWLEDG IT UNDER AS11.56.210 S/-JOY DATE A/2000 W/
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AUG 1 9 2004 KPB ASSESSING DEPT.

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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. 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, Alaska, this	
(Senior Citizen and/or Disabled Veteran Signature)	
STATE OF ALASKA NOTARY PUBLIC Jonnie K. Yager Notary Public, State of Alaska My Commission Expires: 9/3/200>	2002 2003 2004
175-151-02 SNVariable & Per Am	
ASSEMBLY ACTION: APPROVALDENIAL	

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 2 3 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 TOON RIOW 525 SOLCOTNE East SUB NO 10 LOT 1 B D. Talley SOCIAL SECURI (OPTIONAL) DATE OF BI STATE # ZIP 99660 TELEPHON Have you received this exemption before? Yes or No SPOUSE'S N SPOUSE'S If YES, list the account/parcel number for the previous DATE OF BI exemption: TYPE OF DWELLING:
SINGLE FAMILY RESIDENCE
CONDOMINIUM
MULTI-FAMILY
MOBILE HOME: PARK ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT? ☐ YES

M NO

IF YES, ARE YOU AGE 60 OR OLDER? MULTI-FAMILY
MOBILE HOME: PARK
OTHER: SPECIFY F YES,
YES _ SP # _ DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

X YES

NO DO YOU OWN YOUR DWELLING? 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 AS 11.56.210 Ream (Talley SIGNATURE onk ASSESSOR'S USE ONLY NEW FILING | PRIOR QUALIFIED **APPROVED** DISAPPROVED INPUT OWNERSHIP & OCCUPANCY AGE VERIFIED BY VERIFIED BY TAXABLE AMOUNT: **INITIALS:**

2002 2004

Revised 10/2003

AUG 2 3 2004

KPR ASS BERT

FOR SENIOR CITIZEN AND/OR DISABLED VETERAN This Application is made Pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. 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): not know about this FURTHER AFFIANT SAITH NAUGHT. Dated at _ 8 <u>∕o ←</u>, Alaska, this <u>૱ 3</u> day of _ TO before me this 2003. SUBSCR Notary Public, State of Alaska My Commission Expires: APPROVAL____ **ASSEMBLY ACTION:** DENIAL

(Senior Citizen or Disabled Veteran Name)

AND APPLICATION FOR APPROVAL OF LATE FILING

R:\Forms\Late File Walver Affidavit SR & VET.doc

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 1 7 2004 City of Service Area: 20 - HOMER Account #: 177-010-64 Legal Description: HM0800074 T06S R13W S17 BAYVIEW GARDENS SUB ADDN NO 3 LOT 13 BLOCK 9 Social Security UTTER ROY G TRUSTEE (Optional) PO BOX 401 Date of birth: 709 Telephone: <u></u> **HOMER AK 99603** Have you received this exemption before? YES of NO Spouse's Nam If YES, list the account/parcel number for the previous Spouse's Date exemption: ARE YOU THE WIDOW/WIDOWER OF A TYPE OF DWELLING: PREVIOUSLY QUALIFIED APPLICANT? SINGLE FAMILY RESIDENCE ☐ CONDOMINUM ☐ YES ☐ MULTI-FAMILY M NO ☐ MOBILE HOME: PARK_ SP# IF YES, ARE YOU AGE 60 OR OLDER? ☐ OTHER: SPECIFY _ ☐ YES DO YOU OWN THE LAND ON WHICH YOUR **DWELLING IS SITUATED?** DO YOU OWN YOUR OWN DWELLING? ☑ YES ☑ YES ☐ PART OWNER: ______% OF INTEREST □ 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. (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 18THOR THE ASSESSMENT YEAR HOWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMINENT 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 M KNOWLEDGE: I UNDERSTAND THAT WILLIAM STATEMENTS PUNISHABLE BY AGINE OR IMPRISONMENT. UNDER AS11.56.210. PRINT OR TYPE OWNER OF RECORD Please return completed form and requested information to: Kenai Peninsula Borough Assessor 144 North Binkley Street Soldotna AK 99669 Fax (907) 262-8633 (907) 714-2230 or 1-800-478-4441 ASSESSOR'S USE ONLY DISAPPROVED PRIOR QUALIFIED **APPROVED** INPUT NEW APPLICANT OWNERSHIP & OCCUPAN AGÉ VERIFIED BY VERIFIED BY TAXABLE AMOUNT: by Mr. Udter Revised February 2004

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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.</u>

Failure to meet the filing deadline is based on the following reason(s):
Did not Know about program - inst
Did not know about program - inst Jound out. Have lived here in this house Diike 1985. I built it.
house Dike 1985. I built it.
FURTHER AFFIANT SAITH NAUGHT.
Dated at Soldofra, Alaska, this 17 day of Sept, 2004.
(Senior ditizen and/or Disabled Veteran Signature)
SUBSCRIBED AND SWORN TO before me this 1 day of 1, 2004.
Notary Public, State of Alaska My Commission Expires: 43/07
177-010-64 de per SH 2003
ASSEMBLY ACTION: APPROVAL DENIAL
R:\Forms\Late Fila Waiver Affidavit SR & VET.doc

APPLICATION FOR SENIOR CITIZEN EXEMPTION AS29.45,030(E)-(I)

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

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

AUG 2 3 2004

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

ACCOUNT # 01343027	- 3	С	ITY OR SERVICE AR	EA:	SK/		
LEGAL DESC TOTH R	11W LOT12	GR	een forest	SUBD			
NAME HAROLD WIK				SOCIAL SECU			
ADDRESS PU 130 x 7/91				(OPTIONAL) DATE OF			
CITY 10165K1	STATE A	<u>Ś</u> ZIP	99635	TELEPH			
Have you received this e			SPOUSE'S SPOUSE'S				
If YES, list the account/pexemption:	ous		DATE OF				
ARE YOU THE WIDOW/WID PREVIOUSLY QUALIFIED APP YES NO IF YES, ARE YOU AGE 60 C	LICANT?		TYPE OF DWELLING: SINGLE FAMILY I CONDOMINIUM MULTI-FAMILY MOBILE HOME: F OTHER: SPECIFY	RESIDENCE	s	P#	
DO YOU OWN YOUR DWELI YES NO PART OWNER:		,	OO YOU OWN THE YOUR DWELLING IS THE YES IN NO IN PART OWNER:				
KPB 5.12.105(E) The assessor ma applicant occupied it for less th meet this requirement did not in I HEREBY APPLY FOR TH ASSESSMENT YEA DESCRIBED PROPERTY A CERTIFICATION I HEREBY CI I UNDERSTAND THAT WA	an 183 days during the previous volve occupancy of another dwe HE SENIOR CITIZEN EXEMPTION AS OF JANUARY 1ST OS MY PERMANENT PLACE (ERTIFY THAT THE ANSWERS (FILIPUL MISSTATEMENT IS F	been oc year uni- lling as ON ON F THE / OF RESII S GIVEN UNISHA	cupied as a primary reseas the applicant provide primary residence and MY PROPERTY AS I ASSESSMENT YEAR, DENCE AT LEAST 11 ARE TRUE AND COBLE BY A FINE OR	idence and permanel des satisfactory evid des permanent place of PROVIDED IN AS2 I OWNED AND C B3 DAYS DURING PRRECT TO THE E IMPRISONMENT U	nt place of abode lence that the fail abode. 9.45.030(E) FOI OCCUPIED THE A THE PREVIOUS EST OF MY KNINDER AS 11.56.	THE BOVE YEAR.	
HAROLD WILL PRINT OF RECORD SIGNATURE DATE ASSESSOR'S LISE ONLY 0895 UND 10K							
	ASSES	SUKS	USE ONLY	NEW FILING	PRIOR QU		
INPUT	APPROVED	DISA	PPROVED	J. C. T. I.L.		ALII ILD	
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE OF				
TAXABLE AMOUNT:			INITIALS:				

Ravised 10/2003

AUG 2 3 2004

KPRASS - MS SEPT.

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 <u>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.</u>

Failure to meet the filing deadline is based on the following reason(s): () as Told at 65) was not Qualified	
But Get a Bell when I Turned 66	
ELIDTHED AFEIANT CAITH NALICHT	
Dated at Soldstran, Alaska, this 33 day of Quegust, 2003.	
(Senior Citizen and/or Disabled Veteran Signature)	
SUBSCRIBED AND SORN TO before me this 23 day of august, 2003. PUBLIC Notary Public, State of Alaska My Commission Expires: 6/3/07	
#013-450-27	
ASSEMBLY ACTION: APPROVAL DENIAL	4

APPLICATION FOR DISABLED VETERAN EXEMPTION AS29.45.030(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

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TOAD ALIEY 2004

ACCOUNT # 049-11	00-18	CITY OR SERV	/ICE AREA	XPE AT	क्षर ाग
LEGAL DESCINICTU	new sub-third	d Addn Part	one 10	1	
NAME <u>Range</u> 1 1 ADDRESS <u>209 No.</u> CITY <u>Kens</u> ;	1mgn ST		TELE SPOUS SPOUS) OF E :PHC E'S	
ARE YOU THE WIDOW/W PREVIOUSLY QUALIFIED A YES NO IF YES, ARE YOU AGE 60 YES NO DO YOU OWN YOUR DWI YES NO PART OWNER:	PPLICANT? OR OLDER? ELLING? % OF INTEREST	CONDOM MULTI-F. MOBILE I OTHER: S DO YOU OW YOUR DWEL YES NO PART OV	AMILY RESIDENCE IINIUM AMILY HOME: PARK SPECIFY /N THE LAND ON ' LING IS LOCATED? WNER:	WHICH OF INTEREST	
KPB 5.12.105(E) The assessor applicant occupied it for less meet this requirement did not I HEREBY APPLY FOR ASSESSMENT Y DESCRIBED PROPERTY CERTIFICATION: I HEREBY UNDERSTAND THAT	than 183 days during the pre- involve occupancy of another THE DISABLED VETERAN FAR AS OF JANUARY 1 AS MY PERMANENT PLA CERTIFY THAT THE ANST WILLFUL MISSTATEMENT	es not been occupied as a privious year unless the applicate dwelling as a primary residence of the ASSESSMENTACE OF RESIDENCE AT LOWERS GIVEN ARE TRUE	imary residence and part provides satisfact dence and permanent in PERTY AS PROVID FARE 1 OWNED EAST 183 DAYS (AND CORRECT TO INE OR IMPRISONAL)	permanent place of ory evidence that place of abode. ED IN AS29.45. AND OCCUPIED DURING THE PRE	abode if the the failure to 030(E) FOR THE THE ABOVE VIOUS YEAR. MY KNOWLEDGE. 11:56:210
	AS	SSESSOR'S USE ONL	y 0	5/02 WL)
OWNERSHIP & OCC VERIFIED BY	APPROVED	DISAPPROVED DISABILI VERIFIED	TY WHR	FILING PRIC	2003
LAND TOTAL PROPERTY VALUE	BUILDING	TOTAL	LAND SA	70 BOREDI	NG
OWNERSHIP INTEREST	OTHER ADJUSTMENTS EXEMPT VALUE	TAX CODE AREA	OTHER EXEMPTION		ET RATES
BOROUGH SVC AREA					2004

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 $7-1-04$ Of my 70% disability. I subsequently presented it to your	
office for your consideration. FURTHER AFFIANT SAITH NAUGHT.	
Dated at Kenze , Alaska, this 13 day of august, 2004.	
SUBSCRIBED AND SWORN TO before me this 13th day of august, 2004. State of Alaska NOTARY PUBLIC JUNIE STEINBECK My Commission expires: 6/6/06 H 049 - 160-18	<u> </u>
***************************************	4.3.4/
ASSEMBLY ACTION: APPROVAL DENIAL	1009

EWORD/DATA/DPTFORMS/AFFIDAVIT & APPLICATION SENIOR-VET LATE FILE WAIVER P1.doc

AND APPLICATION FOR APPROVAL OF LATE FILING FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans