

**Assessor Summary of Senior Citizen / Disabled Veteran Applicants
for Assembly Meeting of December 7, 2004**

<u>Name</u>	<u>Parcel #</u>	<u>Year(s)</u>	<u>Assessed</u>	<u>TCA</u>	<u>Mill Rate</u>	<u>Taxes</u>
<u>SENIORS</u>						
1) BINDON, Carolyn R.	174-192-47	2003	\$222,900	80	9.35	\$2,084.12
		2004	\$244,900	80	10.35	\$2,534.72
2) GRIFFITH, James E.	172-133-21	2004	\$96,900	81	11.50	\$1,114.36
3) HILL, Shirley J.	060-200-07	2002	\$21,500	70	11.25	\$241.88
		2003	\$24,200	70	11.35	\$274.67
		2004	\$24,200	70	11.60	\$280.72
4) HILTS, Edith-Helen M.	192-030-77	2004	\$85,900	10	13.85	\$1,123.72
5) LOVEJOY, Paul G.	172-040-45	2004	\$93,400	81	11.50	\$959.10
	172-040-46	2004	\$21,800	81	11.50	\$250.70
	172-040-18	2004	\$27,800	81	11.50	\$319.70
6) NORVILLE, Allan J.	060-051-01	2004	\$338,400	70	11.60	\$3,925.46
7) PRINCE, Carolyn H.	131-270-09	2003	\$3,400	58	11.20	\$38.08
		2004	\$3,400	58	11.35	\$38.59
8) RODGERS, Promise E.	059-312-01	2004	\$280,100	70	11.60	\$3,249.17
9) STIRMAN, E. A.	066-070-26	2002	\$12,900	58	11.10	\$122.55
		2003	\$12,900	58	11.20	\$123.84
		2004	\$16,000	58	11.35	\$160.00
10) WAGNER, Richard J.	145-022-18	2004	\$132,200	57	10.75	\$1,421.15
					TOTAL	\$18,262.53
<u>VETERANS</u>						
1) BARTLETT, Scott J.	144-011-21	2004	\$182,400	57	10.75	\$1,960.80
2) COCHRAN, Kenneth L.	133-022-08	2004	\$36,400	58	11.35	\$364.00
					TOTAL	\$2,324.80

p.1
RECEIVED
JUL 22 2004
KP&ASS - ASSESSOR DEPT.

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

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

Account #: 174-192-47

City of Service Area: **80 - KACHEMAK**

Legal Description: **HM0990038 T06S R13W S11 UPPER WINDING TRAILS LOT 11**

**BINDON CAROLYN R TRUSTEE OF THE
CAROLYN R BINDON TRUST
59863 LARK SPARROW CT
HOMER AK 99603**

Social Securit (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
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

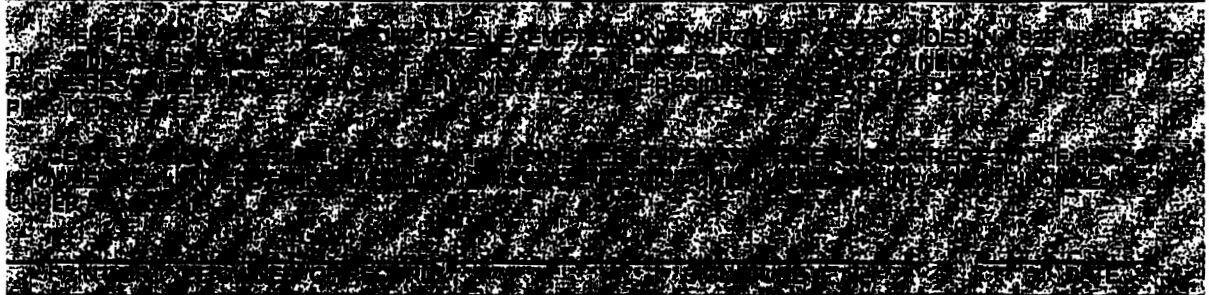
DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- 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.



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

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

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY <i>Trust OK per SH</i>		AGE VERIFIED BY <i>Passport</i>	
TAXABLE AMOUNT:		INITIALS: <i>06/2001 Need</i> <i>02/2004 Trust</i>	

2003
2004

RECEIVED

JUL 23 2004

KPB-ASSESSING

AFFIDAVIT OF Carolyn R. Bindon
(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):

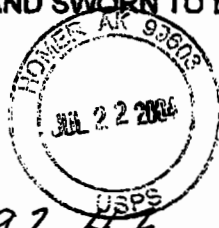
I did not know of a deadline date.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 22nd day of July, 2004.

Carolyn R. Bindon
Carolyn R. Bindon
(Senior Citizen and/or Disabled Veteran Signature)

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



Michael A. Moore
Notary Public, State of Alaska
My Commission Expires: with office

#174 192 47 ok per SH

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

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

NOV 01 2004

Account #: 172-133-21

City of Service Area: 81 - KACHEMAK EMERG 5

Legal Description: HM0770008 T05S R12W S28 SPRUCE WOODS SUB 1976 ADDN LOT 9 BLOCK 1

GRIFFITH JAMES E & ANITA P
 PO BOX 15154
 FRITZ CREEK AK 99603

Social Security :
 (Optional)

Date of birth: _

Telephone: _

Spouse's Name

Spouse's Date

Have you received this exemption before? YES or NO
 If YES, list the account/parcel number for the previous exemption: 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 29.45.060(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 AS 11.56.210.

JAMES GRIFFITH *[Signature]* 2004
 PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

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

2004

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

10/03 WD

ASSESSOR'S USE ONLY

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

NOV 01 2004

AFFIDAVIT OF JAMES E. GRIFFITH
(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):

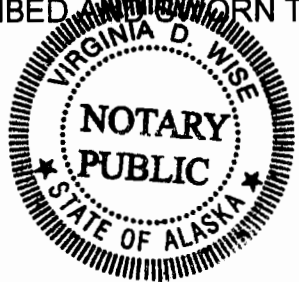
I did not know the exemption
was available.

FURTHER AFFIANT SAITH NAUGHT.

Dated at ~~28 October~~ Homer, Alaska, this 28th day of October, 2004.

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

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



Virginia D Wise
Notary Public, State of Alaska
My Commission Expires: April 2, 2005

172 133 21

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____ 2004

Shirley Hill

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 #: 060-200-07

City of Service Area: 70 - SOLDOTNA

Legal Description: KN0000076 T05N R10W S32 SOLDOTNA JUNCTION SUB LOT 7 BLOCK 3

HILL ROBERT V & SHIRLEY J
PO BOX 719
SOLDOTNA AK 99669

Social Security
(Optional) 3

Date of birth: _____

Telephone: _____

Spouse's Name: _____

Spouse's Date: _____

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

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

YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

YES
 NO

DO YOU OWN YOUR OWN DWELLING?

YES
 NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

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

YES
 NO

PART OWNER: _____ % OF INTEREST

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

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

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 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.

Shirley J. Hill PRINT OR TYPE OWNER OF RECORD Shirley J. Hill SIGNATURE 11/3/04 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

CEO 08/96 D.C.

2002
2003
2004

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>060-200-08</u> <input type="checkbox"/> NEW APPLICANT <u>(House)</u>
OWNERSHIP & OCCUPANCY VERIFIED BY			AGE VERIFIED BY
TAXABLE AMOUNT:			INITIALS:

AFFIDAVIT OF Sherley J. Hill
(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.

RECEIVED

NOV 03 2004

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

KPB ASSESSING DEPT.

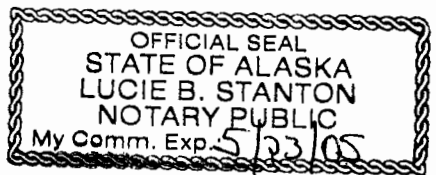
unaware of exemption

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 3 day of Nov, ~~2003~~ ²⁰⁰⁴

Sherley J Hill
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3rd day of Nov, ~~2003~~ ²⁰⁰⁴



Lucie Stanton
Notary Public, State of Alaska
My Commission Expires: 5/23/05

#060-200-07 (garage-driveway)

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 #: 192-030-77

City of Service Area: 10 - SELDOVIA

OCT 14 2004

Legal Description: SL0000216 T08S R14W S32 FRANK RABY SUB LOT 17 BLOCK 2 LOT 18 BLOCK 2

HILTS RODNEY H & EDITH M
PO BOX 144
SELDOVIA AK 99663

Social Security
(Optional)

Date of birth: 0

Telephone: 96

Spouse's Name

Spouse's Date

Hilts

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

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

- YES
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY RESIDENCE

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

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

- YES
 NO

PART OWNER: _____% OF INTEREST

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

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

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS 29.45.030(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 AS 11.56.210.

Rodney H. Hilts Edith M. Hilts
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

2004

ASSESSOR'S USE ONLY

06/73 WD

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

AFFIDAVIT OF Edith-Helen M. Helts
(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):

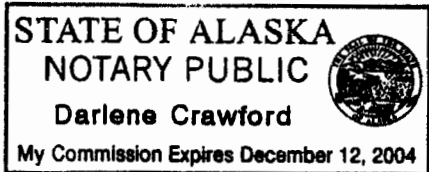
Loss of Paperwork

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia AK, Alaska, this 12 day of October, 2004.
ETH

Edith-Helen Helts
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 12 day of Oct, 2004.



Darlene Crawford
Notary Public, State of Alaska
My Commission Expires: 12-12-04

192-030-77

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

MAR 15 2004

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

ACCOUNT # 17204045-3 #4 LOT A CITY OR SERVICE AREA: 81 Greater Kachemak F
 LEGAL DESC TOSS-RIZW-S/O-HM084012 #4 LOT B 17204018-0, Lot 4 Block 1
 NAME Paul G. Lovejoy SOCIAL SECURITY # (OPTIONAL)
 ADDRESS 3565 LORENE ST. 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: _____
 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 FARMSTEAD, Single Family SP # _____

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

Paul G. Lovejoy [Signature] 3 MAR 04
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY	
INPUT <u>None</u> APPROVED <u>11/4/04</u>	DISAPPROVED <input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED <u>ASH & Merchant</u> <u>Marine ID</u>
OWNERSHIP & OCCUPANCY VERIFIED BY	AGE VERIFIED BY
TAXABLE AMOUNT:	INITIALS:

2004

MAR 15 2004

AFFIDAVIT OF Paul G. Lovejoy
(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):

1. Attempt to file last year was refused by your offices because I reached age 65 on June 22, 2003, after January 1, 2003.
2. Due to severe illness I was out-of-state and incapacitated from a recovery from a heart attack and treatment.

FURTHER AFFIANT SAITH NAUGHT.

Dated at NOVA, Alaska, this 3RD day of MARCH, 2004.

Paul G. Lovejoy
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 12 day of March, 2004.

NOTARY PUBLIC
STATE OF ALASKA
MELISSA JACOBSEN

Melissa Jacobsen
Notary Public, State of Alaska
My Commission Expires: 9/8/04

172-040-45 172-040-46 172-040-18

House
ASSEMBLY ACTION: APPROVAL Share 10/4/04 DENIAL _____
Contiguous

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

SEP 20 2004

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

ACCOUNT # 060 051 01 CITY OR SERVICE AREA: _____

LEGAL DESC TOWN ROW 532 KN0001328 BODNAR SUB LOT 9

NAME ALLAN J. NORVILLE

SOCIAL SECURITY (OPTIONAL)

ADDRESS 301 RIVERSIDE DRIVE

DATE OF BII

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: _____

7845

SPOUSE'S N
SPOUSE'S
DATE OF BII

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

ALLAN J. NORVILLE
PRINT OR TYPE OWNER OF RECORD

[Signature]
SIGNATURE

8-20-04
DATE

ASSESSOR'S USE ONLY

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

2004

AFFIDAVIT OF ALLAN J NORVILLE
(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 Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

RECEIVED
OCT 04 2004
KPB ASSESSING DEPT

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

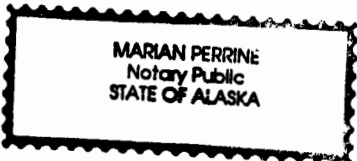
DID NOT KNOW I WAS ELIGIBLE FOR
EXEMPTION

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 4TH day of OCTOBER, 2004.

Allan J Norville
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 4th day of October, ~~2003~~ 2004



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

060 051 01

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2004

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

RECEIVED
OCT 05 2004

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

Account #: 131-270-09

City of Service Area: 58 - CENT EMERG SVS **KPB ASSESSING DEPT**

Legal Description: KN0001598 T04N R11W S14 TRACT 18 L CREARY SUB

PRINCE CAROLYN
PO BOX 1087
SOLDOTNA AK 99669

Social Security
(Optional)

Date of birth: _____

Telephone: 5

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 AS 29.45.030(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 AS 11.56.210.

Carolyn H. Prince
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE 10-5-04

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

2003
2004

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

ASSESSOR'S USE ONLY

INPUT	APPROVED <i>DMH/B/04</i>	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <input type="checkbox"/> NEW APPLICANT <u>131-270-08</u>
OWNERSHIP & OCCUPANCY VERIFIED BY		AGE VERIFIED BY <i>(Contig)</i>	
TAXABLE AMOUNT:		INITIALS:	

OCT 11 2004

KENAI DISTRICT

AFFIDAVIT OF Carolyn H. Prince
 (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):

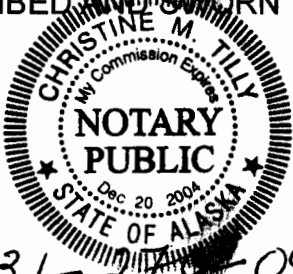
I was unaware that I could
apply on this parcel.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 5th day of ~~Sept~~ October, 2004.

Carolyn H. Prince
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 5th day of October, 2004.



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

*ok per
 1/13/04*

131-270-09 (contiguous to 131-270-08)

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

SEP 18 2004

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

ACCOUNT # 05931201 CITY OR SERVICE AREA: SOLDOTNA

LEGAL DESC KN0840026 T05N R10W S30 MOORING ESTATES SUB PART 9
AMENDED LOTS BLK 6

NAME Promise E. Rodgers RODGERS SOCIAL SECURITY (OPTIONAL) _____
DATE OF BIRTH _____
ADDRESS 398 Starlite Apt. 3 TELEPHONE _____
CITY Soldotna, AK 99669 STATE AK ZIP 99669 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? 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

Promise E Rodgers
SIGNATURE

9/7/04
DATE

ASSESSOR'S USE ONLY

<input checked="" type="checkbox"/> APPROVED <u>DMH/11/04</u>	<input type="checkbox"/> DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY _____		AGE VERIFIED BY <u>BK</u>	
LAND	BUILDING	TOTAL	
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: <u>VARF</u>			

05/30/2003 w/d

06/23/2004 QCD

2004

OCT 29 2004

AFFIDAVIT OF Premise Elaine Rodgers
(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):

Real Property Tax exemption was not
filled on time because of a misunderstanding!
Re: 2004 Senior Citizen Exemption application
Assessor's Parcel No. 059-312-01

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 26th day of October, 2004

Premise E Rodgers
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 26th day of October, 2004



[Signature]
Notary Public, State of Alaska
My Commission Expires: 9/23/2006

059-312-01 OK per DM 4-PIEV VARI

11/4/04

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 # 066-070-26 CITY OR SERVICE AREA: SOLDOTNA (FUNNY RIVER)

LEGAL DESC COWAN-MCFARLAND SUB#3 LOT 3

NAME E. A. STIRMAN SOCIAL SECU (OPTIONAL) _____
 DATE OF _____

MAIL ADDRESS Box 2756 (3650 MCFARLAND RD) DATE OF _____

CITY SOLDOTNA 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: 066-070-05

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? 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

E. A. STIRMAN [Signature] 9-15-04
 PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY		183 WD
INPUT	<u>AK</u> APPROVED <u>11/5/04</u>	DISAPPROVED <u>B/c</u>
OWNERSHIP & OCCUPANCY VERIFIED BY	AGE VERIFIED BY	
TAXABLE AMOUNT:	INITIALS:	2002 2003 2004

NOV 09 2004

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

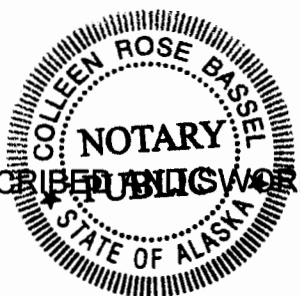
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

Didn't realize exemption
could be approved on both lots

FURTHER AFFIANT SAITH NAUGHT.

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



E. A. Sturman
(Senior Citizen and/or Disabled Veteran Signature)

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

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

#066 -070-26 OK per stt 11/5/04 2002

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

RECEIVED

MAY 12 2004

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

KPB ASSESSOR'S DEPT.

ACCOUNT # 14502218-2 CITY OR SERVICE AREA: SEWARD

LEGAL DESC Kenai Peninsula Borough; TOIN ROW S35 SW PORTION W 1/2 NE 1/4

NAME Richard J. Wagner

SOCIAL SECL (OPTIONAL) DATE OF

ADDRESS P.O. Box 107

CITY Seward STATE AK ZIP 99664

TELEPH

Have you received this exemption before? Yes or No

SPOUSE'S SPOUSE'S DATE OF

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

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

RICHARD J. Wagner PRINT OR TYPE OWNER OF RECORD
Richard J. Wagner SIGNATURE
5/10/04 DATE

ASSESSOR'S USE ONLY

10/03 QCD

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

2004

RECEIVED

MAY 12 2004

KPB AS2 TAXES DEPT.

AFFIDAVIT OF RICHARD J. Wagner
(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):

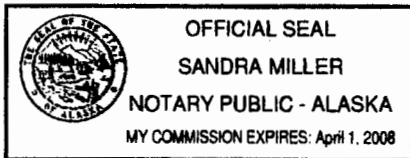
I purchased the property on 10/3/03, and as of this date I have just been able to pay the past taxes due. I was just made aware of the exemption last week. This property will be my primary residence and permanent place of abode

FURTHER AFFIANT SAITH NAUGHT.

Dated at Anchorage, Alaska, this 10th day of May, 2004.

Richard J. Wagner
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10 day of May, 2004.



Sandra Miller
Notary Public, State of Alaska
My Commission Expires: April 1, 2008

145-022-18

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2004

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.49.03M(E-H)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99689-7899
(907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 60% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

SEP 27 2004

Account #: 144-011-21

City or Service Area: 57 - BEAR CREEK FIRE

Legal Description: SW0860006 T01N R01W S23 HARBOR VIEW SUB LOT 22 BLOCK 2

BARTLETT SCOTT J & MINNIE C
PO BOX 329
SEWARD AK 99664

Date of birth: _____

Social Security #: _____
(Optional)

NOV 24 2004

Spouse's Name: _____

Spouse's Date of Birth: _____

Telephone: 907 264 2669

DO YOU HAVE A DISABILITY RATED 60% 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 _____

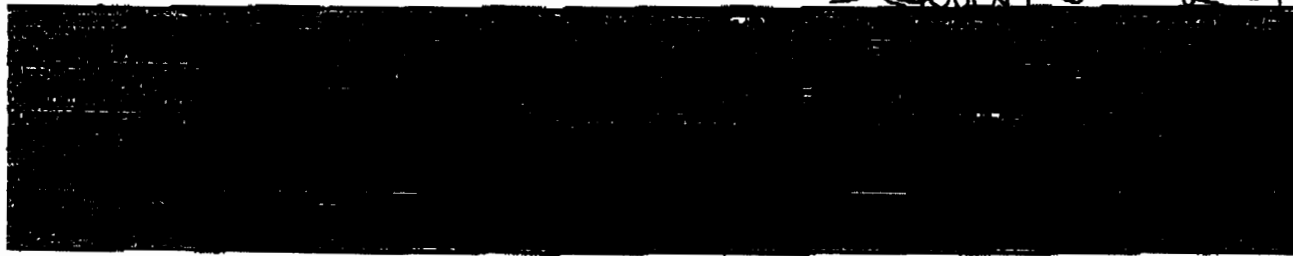
DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- 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.



ASSESSOR'S USE ONLY

2004

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>2003</u>
			<input type="checkbox"/> NEW APPLICANT <u>50%</u>
OWNERSHIP & OCCUPANCY VERIFIED BY			DISABILITY STATUS VERIFIED BY:
TAXABLE AMOUNT:			INITIALS:

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

SEP 27 2004

Account #: 144-011-21

City or Service Area: 57 - BEAR CREEK FIRE

Legal Description: SW0860006 T01N R01W S23 HARBOR VIEW SUB LOT 22 BLOCK 2

BARTLETT SCOTT J & MINNIE C
PO BOX 329
SEWARD AK 99664

Date of birth: _____

Social Security #: _____
(Optional)

Spouse's Name: _____

Spouse's Date of E _____

Telephone: 907 224 2669

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 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.

PRINT OR TYPE OWNER OF RECORD

SIGNATURE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>2003</u> <input type="checkbox"/> NEW APPLICANT <u>50% S/C</u>
OWNERSHIP & OCCUPANCY VERIFIED BY		DISABILITY STATUS VERIFIED BY:	
TAXABLE AMOUNT:		INITIALS:	

2004

SEP 27 2004

AFFIDAVIT OF Scott J. Bartlett
(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):

While going through the process of submitting my Service Connected Disability for the 3003 tax year, I thought I was informed that effective 2003 I would no longer have to submit a VA letter annually. After I received my 2004 tax bill I called to find out why and determined that because my disability letter did not state that it was a permanent disability that I must continue the annual submission. Sorry for any inconvenience

FURTHER AFFIANT SAITH NAUGHT.

Dated at SEWARD, Alaska, this 21st day of SEPT, ²⁰⁰⁴~~2003~~.



Scott J. Bartlett
(Senior Citizen and/or Disabled Veteran Signature)

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

Cheryl Anne Verschuere
Notary Public, State of Alaska
My Commission Expires: _____

#144-011-21 prior qualified 2003 2004

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION AS29.45.030(E)-1

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

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

RECEIVED
SEP 02 2004
KPB ASSESSING DEPT

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

ACCOUNT # 133 022 08 CITY OR SERVICE AREA 63

LEGAL DESC 27284 TIDELAND ST. Block 9

NAME Kenneth L. Cochran SOCIAL SECU (OPTIONAL) _____
 ADDRESS PO Box 233785 1031 DATE OF _____
 CITY Anchorage STATE AK ZIP 99523 TELEPHI _____
Kaslof 99610-1031 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 MOTOR Home

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 AS 11.56.210.
Kenneth L. Cochran [Signature] 9/3/04
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED <u>DM</u>	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY <u>Steve Ford 10/14/04</u>		DISABILITY VERIFIED BY <u>VANTR 1008 4/21/04</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>

RECEIVED

SEP 03 2004

KPB ASSESSING DEPT

AFFIDAVIT OF Kenneth L. Cochran
(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):

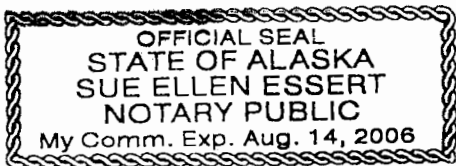
Has been living on property
Since I called and was told of
100 Dissable Exemptions

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 3rd day of September, 2003.2004

Kenneth L. Cochran
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 2003.2004



Sue Ellen Essert
Notary Public, State of Alaska
My Commission Expires: Aug. 14, 2006

133 022 08

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2004