## 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 # 1055	<u>5001</u>	CITY OR SERVICE ARE	:A:	<del></del>
EGAL DESC WA	Fay Sub LOTI	lo		
NAME FRANK +	SONDRA BACHE		SOCIAL S	
ADDRESS <u>P.O. Box</u>	605		OPTIONA DATE	
	INT STATE AK	ZIP 99556	TEL	
If YES, list the accou	is exemption before? Yes or I		SPOU SPOU DATE	
ARE YOU THE WIDOW/\ PREVIOUSLY QUALIFIED  YES  NO F YES, ARE YOU AGE 6	APPLICANT?	TYPE OF DWELLING:  SINGLE FAMILY CONDOMINIUM MULTI-FAMILY MOBILE HOME: PAMILY OTHER: SPECIFY	RESIDENCE	SP #
NO O YOU OWN YOUR DV YES NO PART OWNER:		DO YOU OWN THE L YOUR DWELLING IS YES	AND ON WHICH SITUATED?  % OF INTEREST	
	TION OF THIS PROPERTY IS US	_		%
PB 5.12.105(E) The assessor opplicant occupied it for les neet this requirement did no I HEREBY APPLY FOR ASSESSMENT DESCRIBED PROPERT	may presume that property has no stan 183 days during the previous to involve occupancy of enother dw THE SENIOR CITIZEN EXEMPLY AS OF JANUARY 1ST ITY AS MY PERMANENT PLACE	s year unless the applicant providual reling as a primary residence and FION ON MY PROPERTY AS POF THE ASSESSMENT YEAR, OF RESIDENCE AT LEAST 18	es satisfactory evidence that to permanent place of abode.  ROVIDED IN AS29.45.030 I OWNED AND OCCUPIED IS DAYS DURING THE PRE	(E) FOR THE THE ABOVE VIOUS YEAR.
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Sandra P. Backe  AFFIDAVIT OF Senior Citizen or Disabled Veteran Name)
AFFIDAVIT OF Lenior Citeren
(Senior Citizen or Disabled ∜eteran 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):
We didn't know this possible exemption exhisted.
·
FURTHER AFFIANT SAITH NAUGHT.
Dated at may , 2005. Alaska, this 10 day of may , 2005.
Dated at Argonia , Alaska, this 10 day of May , 2005.  KPB office Frank Backs  Sondra Backs
Senior Citizen and/or Disabled Veteran Signature)
SUBSCRIBED AND SWORN TO before me this of May of May, 2005.
OFFICIAL SEAL
STATE OF ALASKA SUE ELLEN ESSERT NOTARY PUBLIC My Comm. Exp. Aug. 14, 2006 My Commission Expires: 14, 2006 My Commission Expires: 14, 2006
5NV \$1,400 for M 5/20/05 # 165-550-07
200
ASSEMBLY ACTION: APPROVAL DENIAL
$\sim$

#### 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

City of Service Area: 58 - CENT EMERG SVS Account #: 063-600-14 Legal Description: KN0780042 T05N R09W S19 LONGMERE ESTATES SUB PART 4 LOT 7 BLOCK 1 Social Secur BRANDT EVELYN J (Optional) 39080 GRASSY VALE RD 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 Spouse's Date exemption: ARE YOU THE WIDOW/WIDOWER OF A TYPE OF DWELLING. PREVIOUSLY QUALIFIED APPLICANT? SINGLE FAMILY RESIDENCE ☐ CONDOMINUM ☐ YES ■ MULTI-FAMILY ₩ NO MOBILE HOME: PARK 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? X YES ☑ YES ☐ PART OWNER: \_\_\_\_\_\_% OF INTEREST □ PART OWNER: % OF INTEREST KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode. I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR. CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210. 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 (907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633 ASSESSOR'S USE ONLY PRIOR QUALIFIED DISAPPROVED INPUT OWNERSHIP & OCCUPAN VERIFIED BY **VERIFIED** B INITIALS: TAXABLE AMOUNT:

AFFIDAVIT OF (Senior Citizen of Disabled Veteran Name)

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

Failure to meet the filing deadline is based on the following reason(s):	
Just never thought about doing this.	
EUDTUED AFFIANT CAITU MAUGUT	
FURTHER AFFIANT SAITH NAUGHT.	
Dated at Soldatna, Alaska, this 18 day of april, 2005.	
SUBSCRIBERIAND SWORN TO before me this / S day of	
OF ALASMINING () LOCA DE DE LA SMINING ()	
Notary Public, State of Alaska My Commission Expires: 6/3/07	
# 063-600-14 ************************************	SNY
ASSEMBLY ACTION: APPROVAL DENIAL	25

# RECEIVED APPLICATION FOR SENIOR CITIZEN EXEMPTION APR 2 2 2009UE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

DD ASSESSING DE	APPLICANT MUST BE AGE 65	OR OLDER ON JANUARY 1S	FOF THE EXEMPTION YEAR TO QUALIFY
PB ASSESSING DE	VERIFICA	ATION OF AGE MUST ACCOM	PANY INITIAL FILING
Account #: 137	-050-94 CONTIGUOU	City of Service Ar	ea: 58 - CENT EMERG SVS
Legal Description			MOBLEY TRACT AMENDED
BUSH JAMES	F		ial Seci
PO BOX 663	•	• •	ional) e of birt
KASILOF AK 9	9610		ephone:
If YES, list the ac	ed this exemption before? YE count/parcel number for the p	S o NO Spo	buse's N
	WIDOW/WIDOWER OF A QUALIFIED APPLICANT?	TYPE OF D	WELLIN EFAMILY RESIDENCE
☐ YES  X NO IF YES, ARE ☐ YES ☐ NO	YOU AGE 60 OR OLDER?	DO YOU O	FAMILY E HOME: PARK NA SP# NA E: SPECIFY NOT COMPLETED  WINTHE LAND ON WHICH YOUR E ANTO
XI YES □ NO □ PART OW	YOUR OWN DWELLING?	YES NO PART C	OWNER:% OF INTEREST
WHAT PORTION O	F THIS PROPERTY (IF ANY)	IS USED FOR COMMERCI	AL OR RENTAL PURPOSES? $\underline{\hspace{1cm}\mathcal{O}}$
applicant occupied it fo		previous year unless the applica	primary residence and permanent place of abode if the nt provides satisfactory evidence that the failure to meet and permanent place of abode.
THE 2005 ASSES	SMENT YEAR. AS OF JANL	JARY 1ST OF THE ASSESS	OPERTY AS PROVIDED IN AS29.45.030(E) FOR MENT YEAR, I OWNED AND OCCUPIED THE NCE AT LEAST 183 DAYS DURING THE
CERTIFICATION KNOWLEDGE. 1 UUNDER AS11.56:2	NDERSTAND THAT WILLFUI	T THE ANSWERS GIVEN A L MISSTATEMENT IS PUNI	RE TRUE AND CORRECT TO THE BEST OF MY SHABLE BY A FINE OR IMPRISONMENT
DAMES PRINT OR TYPE	F. Bush	Same SIGN	HATURE 4-21-05 DATE
	Kenai	pleted form and requested Peninsula Borough Asses 44 North Binkley Street Soldotna AK 99669	
	(907) 714-2230 or	1-800-478-4441 Fax	(907) 262-8633
		ASSESSOR'S USE ON	ILY /
INPUT	APPROVED	DISAPPROVED	PRIOR QUALIFIED COTTOG
WNERSHIP & OCC	Dan 4/22/	100	AGE VERIFIED BY
XABLE AMOUNT	0111 1/49		INITIALS:

KPB ASSESSING DEPT

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):  DIDN'T REALIZE THAT I NEEDED TO FILE 2 SEPARATE  REQUESTS FOR - ONE FOR - TOZN RIZW SIS KNO9/00/0  1982 MOBIEY TRACT SUB AMENDED TRACT 8 AND - ONE FOR—  TOZN RIZW SI4 KNO9/00/0 1982 MOBIEY TRACT AMENDED TRACT A
TOZN RIZW SI4 KNO9/00/0 1982 MOBIEY TRACT AMENDED TRACT A  OM B TRACT A 15 PART OF MY TOTAL HOWINGS. BUT IS KEPT SEPARATED  OM B DUE TO MY ORIGINAL PURCHASE OF HAVING TO BUY TRACT A TO  SATISFY THE TITLE SPARCH AS THE ORIGINAL HOME WAS PARTIALLY RULL TO ON THE LINE ON TRACT A THEWAS GIMPLY EASIER TO BUY TRACT A THAN TO MOVE  THE ORIGINAL HOME, I NEVER REALIZED THIS UNTIL THE DEADLINE FOR FILM  FURTHER AFFIANT SAITH NAUGHT. HAD LAPSED
Dated at Sobolinh, Alaska, this 22 day of APRII, 2005.
Septior Citizen and/or Disabled Veteran Signature)
SUBSCRIBED AND SWORN TO before me this day of
137-050-94 (contig to 93)
ASSEMBLY ACTION: APPROVAL DENIAL
5N 4/2

AFFIDAVIT OF TAMES F. BUSH (Senior Citizen or Disabled Veteran Name)

AND APPLICATION FOR APPROVAL OF LATE FILING

#### 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

Assessor's Parcel Number:	162.083.12	City of Service Area:	68
Property Legal Description:			
Name Delores	A. Connelly	Social Securi (Optional)  Date of birth:	
Mailing Address ().	DOY 823	Telephone:	
City fine her for	AK Zip 90	Spouse's Nat	
Have you received this exemption If YES, list the account/parcel num If NO, attache copy of birth certific	ber for the previous exemption: _	Spouse's Dai	
ARE YOU THE WIDOW/WID PREVIOUSLY QUALIFIED A		TYPE OF DWELLING:	!
YES		☐ CONDOMINUM  MULTI-FAMILY	
M NO IF YES, ARE YOU AGE 60	OR OLDER?	MOBILE HOME: PARK	SP#
YES	OK OLDEK!	OTHER: SPECIFY	<del></del>
□ NO		DO YOU OWN THE LAND ON WH DWELLING IS SITUATED?	ICH YOUR
DO YOU OWN YOUR OWN	DWELLING?	<b>ℤ</b> YES	
□ NO		☐ NO ☐ PART OWNER:% O	F INTEREST
PART OWNER:		IMERCIAL OR RENTAL PURPOSES?	/
applicant occupied it for less than 183 day requirement did not involve occupancy of a HEREBY APPLY FOR THE SE	s during the previous year unless the al another dwelling as a primary residence	d as a primary residence and permanent place oplicant provides satisfactory evidence that the place of abode.  MY PROPERTY AS PROVIDED IN AS28 (ESSMENT YEAR, I OWNED AND OCCI	9.45.030(E) FOR THE
DESCRIBED PROPERTY AS MY PE CERTIFICATION: I HEREBY CE	ERMANENT PLACE OF RESIDENCE ERTIFY THAT THE ANSWERS GIVE AT WILLFUL MISSTATEMENT IS RECORD	VEN ARE TRUE AND CORRECT TO THE PUNISHABLE BY A FINE OR IMPRISOR SIGNATURE	PREVIOUS YEAR.  E BEST OF MY NMENT UNDER  3 - 0.5  DATE
		cation and requested information to: la Borough Assessor	200
	144 Nort	h Binkley Street	
		na AK 99669 478-4441 Fax (907) 262-8633	
	(551)	,	1 1
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INPUT APP	ROVED DISAP	PROVED PRIOR QUAL	
		NEW ARPLIC	CANT
OWNERSHIP & OCCUPANCY VERIFIED BY	0/05 Per L		
TAXABLE AMOUNT:		INITIALS:	

AFFIDAVIT OF DE ORF CONVENTION 165-083:12  (Senior Citizen or Disabled Veteran Name)  AND APPLICATION FOR APPROVAL OF LAIE 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):
papirnark sent in was lost -
FURTHER AFFIANT SAITH NAUGHT.  Dated at Homer, Alaska, this 3 day of June, 2005.
(Senior Citizen and/or Disabled Veteran Signature)
SUBSCRIBED AND SWORN TO before me this 3 day of June, 2005.  Melysu Eurick  Notary Public, State of Alaska  My Commission Expires: 1-12-08  105  105  105  105  105  105  105  1
ASSEMBLY ACTION: APPROVAL DENIAL DENIAL OK DEN 6/10/05

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

MAR 0 2 2005 APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING City of Service Area: 70 - SOLDOTNA Account #: 060-150-41 Legal Description: KN0830034 T05N R10W S31 RIVERVIEW SUB & SMALL CIRCLE STREET VACATION Social Secu HOLLY GEORGE R SR & JOANNE H (Optional) 220 SMALL CIR Date of birt SOLDOTNA AK 99669 Telephone: Have you received this exemption before? YES or (NO) Spouse's N If YES, list the account/parcel number for the previous Spouse's E exemption: ARE YOU THE WIDOW/WIDOWER OF A TYPE OF DWELLI.... ☐ SINGLE FAMILY RESIDENCE PREVIOUSLY QUALIFIED APPLICANT? ☐ CONDOMINUM YES ☐ MULTI-FAMILY M NO ☐ MOBILE HOME: PARK\_ IF YES, ARE YOU AGE 60 OR OLDER? ☐ OTHER: SPECIFY ☐ YES □ NO DO YOU OWN THE LAND ON WHICH YOUR **DWELLING IS SITUATED?** DO YOU OWN YOUR OWN DWELLING? ☐ YES BAB X YES □ NO ☐ PART OWNER: \_\_\_\_\_\_\_ % OF INTEREST % OF INTEREST □ PART OWNER: WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 60 KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode. I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 ASSESSMENT YEAR. AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR. CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210. 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

2005

	(907) 714-2230 o	r, 1-800-478-4441 Fax	(907) 262-8633 ,	•
	-0 13	ASSESSOR'S USE OF	VLY 12/10/82 WD	Origina
INPUT	APREDVED	DISAPPROVED	PRIOR QUALIFIED  NEW APPLICANT	
OWNERSHIP & OCCUI VERIFIED BY	PANCY		AGE VERIFIED BY	
TAXABLE AMOUNT:	194,100	DM 5/9/	INITIALS:	



#### AFFIDAVIT OF <u>GEORGE</u> R. HOLLY (Senior Citizen or Disabled Veteran Name) AND APPLICATION FOR APPROVAL OF LATE FILING

# FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

Failure to meet the filing deadline is based on the following reason(s):
DID NOT THINK I GUKLIFLED BECKUSE
DID NOT THINK I GUKCIFLED BECHUSE  OF OPERATING A BED+BREAKFAST FROM MY
HOME.
FURTHER AFFIANT SAITH NAUGHT.
Dated at
NOTARY PUBLIC SUBSCRIBED AND SWORN TO before me this 3 day of Narch, 2005.  Notary Public, State of Alaska My Commission Expires: 3/6/07
#060.15041
ASSEMBLY ACTION: APPROVAL DENIAL OF A PROVAL DENIAL DENI

#### 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 QUALIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

MAY 1 3 2005

Account #: 135-250-24	City of Service Area: 58 - CENT EMERG SVS
Legal Description: KN0840043 T04N R10W S	502 MOOSE RANGE MEADOWS NO 3 LOT 10 HE SESSING DEPT.
HROSSO TIBOR J & MARILYN TRST 33895 KEYSTONE DR SOLDOTNA AK 99669	Social Se (Optional) Date of bi Telephon
Have you received this exemption before? YES of If YES, list the account/parcel number for the previous exemption:	NO Spouse's
ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?  ☐ YES	TYPE OF DWELLING:  SINGLE FAMILY RESIDENCE CONDOMINUM MULTI-FAMILY
☑ NO IF YES, ARE YOU AGE 60 OR OLDER? □ YES □ NO	MOBILE HOME: PARK above Lot sp# OTHER: SPECIFY  DO YOU OWN THE LAND ON WHICH YOUR
DO YOU OWN YOUR OWN DWELLING?  X YES  NO	DWELLING IS SITUATED?  .☑-YES □ NO
☐ PART OWNER:% OF INTER	REST PART OWNER:% OF INTEREST
WHAT PORTION OF THIS PROPERTY (IF ANY) IS US	SED FOR COMMERCIAL OR RENTAL PURPOSES?%
applicant occupied it for less than 183 days during the previou this requirement did not involve occupancy of another dwelling	s not been occupied as a primary residence and permanent place of abode if the syear unless the applicant provides satisfactory evidence that the failure to meet as a primary residence and permanent place of abode.  EMPTION ON MY PROBERTY AS PROVIDED IN AS29:45.030(E) FOR 1ST OF THE ASSESSMENT YEAR, LOWNED AND OCCUPIED THE
PREVIOUS YEAR 2003 / 2004 / 20	T PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE  9 5  ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE. LUNDERSTAND THAT WILLFULMISS UNDER AS 1.58.210. TIDER I HROSSO/MARILYN HROS	STATEMENT & RUNISHABLE BY A FINE OR IMPRISONMENT
PRINT OR TYPE OWNER OF RECORD	SIGNATURE DATE
Kenai Penin 144 No	If form and requested information to: usula Borough Assessor orth Binkley Street Iotna AK 99669
(907) 7 <b>1</b> 4-2230 or 1-80	00-478-4441 Fax (907) 262-8633, Primary Residence
AS.	SESSOR'S USE ONLY 07/00 NO Neut / business
INPUT AND ED C	DISAPPROVED PRIOR QUALIFIED  NEW APPLICANT
OWNERSHIP & OCCUPANCY JUN 5/16/05	
TAXABLE AMOUNT: A SUN	INITIALS:

#### RECEIVED

MAY 1 3 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF Max 1 Tibor J. Hr 5550 (Senior Citizen or Disabled Veteran Name)

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

Failure to meet the filing deadline is based on the following reason(s):	
Outside traveling from Oct 2004 to.	Sharch Of
Ness, 183 days per your	
This is Premery Residence / Permenent.	Doode
FURTHER AFFIANT SAITH NAUGHT.	
Dated at Soldatha, Alaska, this 13 day of May,	2005.
(Senior Citizen and/or Disabled Veteran Signatur	re)
SUBSCRIBINOTARS WORN TO before me this 13 day of 8 hay	2005.
PUBLIC + Colleen lese Basse	
Notary Public, State of Alaska  My Commission Expires: 6/3/07	_ 200
# 135 250 24	**************************************
ASSEMBLY ACTION: APPROVAL DENIAL	Per Shulo

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

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

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

MAY 2 5 2005 YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY VERIFICATION MUST ACCOMPANY INITIAL FILING KPR ASSESSING DEPT. CITY OR SERVICE AREA: LEGAL DESC SOCIAL (OPTION FN-<del>/-</del>DAT Have you received this exemption before? Yes SPO SPO If YES, list the account/parcel number for the previous DAT exemption: TYPE\_OF DWELLING: ARE YOU THE WIDOW/WIDOWER OF A SINGLE FAMILY RESIDENCE PREVIOUSLY QUALIFIED APPLICANT? YES IF VEO CONDOMINIUM MULTI-FAMILY YES, ARE YOU AGE 60 OR OLDER? MOBILE HOME: PARK YES ☐ OTHER: SPECIFY □ NO DO YOU OWN YOUR DWELLING? DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED? YES NO NO PART OWNER: % OF INTEREST PART OWNER: % OF INTEREST WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? NON @ % 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 WALLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT JUNCER AS11.56.210 ASSESSOR'S USE ONLY NEW FILING PRIOR QUALIFIED DISAPPROVED **INPUT APPROVED** OWNERSHIP & OCCUPANCY AGE VERIFIED BY VERIFIED BY

INITIALS:

TAXABLE AMOUNT:

2005

AFFIDAVIT OF ASSESSING DEPT  (Serior 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):
Delayed because of multiple health broblems.
FURTHER AFFIANT SAITH NAUGHT.  Dated at Tritz (rock, Alaska, this 6 day of, 2005.
SUBSTRIBUTION SWORN TO before me this 7 day of, 2005.
Notary Public, State of Alaska My-Commission Expires: 11-26-08
#172-133-28 ************************************
ASSEMBLY ACTION: APPROVAL DENIAL

#### RECEIVED

#### **APPLICATION FOR SENIOR CITIZEN EXEMPTION**

MAY 1 0 2005

#### 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

KPB ASSESSING DEPT Assessor's Parcel Number:					
	06333015	-	City of Service Area:		
Property Legal Description:	GRUNDVIEN S	SUB Lot 15			
Name HAIZIZIS	TURCOH		Social Security # (Optional)		
	13 OX 687		Date of birth: _		
Mailing Address PO	18 UX 68 1		Telephone:		
City STEELING	AK Zip	99672	Spouse's Name		
Have you received this exemption If YES, list the account/parcel nur If NO, attache copy of birth certific	n before? YES or NO mber for the previous exemptio		Spouse's Date		
ARE YOU THE WIDOW/WID PREVIOUSLY QUALIFIED A		TYPE OF DV	VELLING: FAMILY RESIDENCE		
□.YES		CONDO			
NO		MULTI-F	FAMILY EHOME: PARK	CD#	
IF YES, ARE YOU AGE 60 ☐ YES	OR OLDER?		SPECIFY		
□ NO			VN THE LAND ON WHICH	OUR	
DO YOU OWN YOUR OWN	DWELLING?	DWELLING	IS SITUATED?		
YES NO		☐ NO		4	
	% OF INTEREST	☐ PART O	WNER:% OF INT	EREST	
WHAT PORTION OF THIS PROPE	ERTY (IF ANY) IS USED FOR	COMMERCIAL OR F	RENTAL PURPOSES?	<del></del> %	
THEREBY APPLY FOR THE S  ZOST ASSESSMENT YEAR. A  DESCRIBED PROPERTY AS MY PROPER	AS OF JANUARY 1ST OF THE ERMANENT PLACE OF RESI	ASSESSMENT YEA	AR, I OWNED AND OCCUPIED		
CERTIFICATION: THEREBY CONOWLEDGE. I UNDERSTAND TO AS11.56.210.  HARIZIEH TURLOT  PRINT OR TYPE OWNER OF	HAT WILLFUL MISSTATEMEN  RECORD  HASTILL  RECORD	TIS PUNISHABLE E	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN \$/9/05 TURE	TOF MY TUNDER — DATE	
KNOWLEDGE. I UNDERSTAND THAS 11.56.210.  HARIZIEH TURLOT	Please return completed Kenai Per	SIGNA application and requiresula Borough As	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  SITURE  SUBSECUENCE	TOF MY TUNDER — DATE	200
KNOWLEDGE, I UNDERSTAND TH AS11.56.210. HARIZIEH TURLOT	Please return completed Kenai Per	SIGNA application and requininsula Borough As North Binkley Street	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  SITURE  SUBSECUENCE	TOF MY TUNDER — DATE	200 200
KNOWLEDGE. I UNDERSTAND TH AS11.56.210. HARIZIEH TURLOT	Please return completed Kenai Per	SIGNA application and requininsula Borough As North Binkley Street	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  SITURE  SUBSECUENCE	TOF MY TUNDER — DATE	200 200 200
KNOWLEDGE. I UNDERSTAND THAS 11.56.210.  HARIZIEH TURLOF	Please return completed Kenai Per 144 Sc (907) 714-2230 or 1-	application and requinsula Borough As North Binkley Stree oldotna AK 99669-800-478-4441	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  S/9/os  TURE  JURE  JUR	TOF MY TUNDER DATE	200 200 200
PRINT OR TYPE OWNER OF	Please return completed Kenai Per 144 Sc (907) 714-2230 or 1-	application and requires la Borough As North Binkley Stree oldotna AK 99669 -800-478-4441 Fa	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  S/9/oS TURE  JURE	TOF MY IT UNDER  DATE  20K	200 200 200
KNOWLEDGE. I UNDERSTAND THE AS11.56.210. HARIZIEH TURLOT	Please return completed Kenai Per 144 Sc (907) 714-2230 or 1-	application and requininsula Borough As North Binkley Stree oldotna AK 99669-800-478-4441 Fa	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  \$\frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \frac{1}{2}\left\{ \sindown} \frac{1}{2}\left\{ \si	TOF MY IT UNDER  DATE  20K	200 200 200
INPUT  APPLICATION  INPUT  APPLICATION  APPLICATION  INPUT  APPLICATION  OWNERSHIP & OCCUPANCY	Please return completed Kenai Per 144 Sc (907) 714-2230 or 1-	application and requires la Borough As North Binkley Stree oldotna AK 99669 -800-478-4441 Fa	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  SIZE SIZE SIZE SIZE SIZE SIZE SIZE SIZE	TOF MY IT UNDER  DATE  20K	200
INPUT  APPLICATION  AND TYPE OWNER OF  OWNERSHIP & OCCUPANCY	Please return completed Kenai Per 144 Sc (907) 714-2230 or 1-	application and requires la Borough As North Binkley Stree oldotna AK 99669 -800-478-4441 Fa	AND CORRECT TO THE BES BY A FINE OR IMPRISONMEN  \$\frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \sigma \frac{1}{2}\left\{ \sigma} \frac{1}{2}\left\{ \sindown} \frac{1}{2}\left\{ \si	TOF MY IT UNDER  DATE  20K	200 200 200

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

Failure to meet the filing deadline is based on the following reason(s):  200 didn't know either of us lauded  Gradify far the elemention.  FURTHER AFFIANT SAITH NAUGHT.  Dated at Soldetna, Alaska, this b day of hay, 2005.  SUBSCERE PURPLISHED IS NOTARY FOR SUBSCERE PURPLISHED IN TO before me this b day of May, 2005.
FURTHER AFFIANT SAITH NAUGHT.  Dated at Acldetna, Alaska, this day of huy, 2005.  Harrett J. Juratts (Senior Citizen and/or Disabled Veteran Signature)
FURTHER AFFIANT SAITH NAUGHT.  Dated at Acldetna, Alaska, this day of huy, 2005.  Harrett J. Juratts (Senior Citizen and/or Disabled Veteran Signature)
FURTHER AFFIANT SAITH NAUGHT.  Dated at Acldetna, Alaska, this day of huy, 2005.  Harrett J. Juratts (Senior Citizen and/or Disabled Veteran Signature)
Dated at Soldefra, Alaska, this b day of huy, 2005.  Harrett J. Jucatts (Senior Citizen and/or Disabled Veteran Signature)
ROSE Harrett J. Juratto (Senior Citizen and/or Disabled Veteran Signature)
OF ALASTERIA OF ALASTERIA (ALLOS ) Cano De Maria
Notary Public, State of Alaska  My Commission Expires: 6/3/07
#063 330 15 ************************************
ASSEMBLY ACTION: APPROVAL DENIAL DENIAL

#### APPLICATION FOR DISABLED VETERAN EXEMPTION

RECEIVED

AS29.45.030(E)-(I)

# MAY $_{\rm U}$ 4 2005 DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE

144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599

KPB ASSESSING DEPT

Account #: 119-240-50

(907) 714-2230 OR 1-800-478-4441

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

City or Service Area: 67 - KPB ROADS

Legal Description:	SW2000002 T05N R03W S32 PHASE ONE LOT E-2A	2 BLAKLEY SUB PART TWO BARKER-HA	RRIS ADDN
HARRIS JOHN E & S	SONDRA K	Date of birth:	
PO BOX 513 COOPER LANDING	AK 99572	Social Securit (Optional)	
		Spouse's Nan	
Telephone:		Spouse's Date	
DO YOU HAVE A DISABI GREATER BY THE VA?	LITY RATED 50% OR	TYPE OF DWELLING:  SINGLE FAMILY RESIDENCE	
¥ YES □ NO		☐ CONDOMINUM ☐ MULTI-FAMILY ☐ MOBILE HOME: PARK	SP#
IS DISABILITY "SERVIC ☑ YES ☐ NO	E CONNECTED"?	OTHER: SPECIFY  DO YOU OWN THE LAND ON WH DWELLING IS SITUATED?	
DO YOU OWN YOUR OW	VN DWELLING?	YES NO PART OWNER:% O	F INTEREST
☐ NO ☐ PART OWNER:	% OF INTEREST		
WHAT PORTION	OF THIS PROPERTY IS USED FOR	R COMMERCIAL OR RENTAL PURPOSES?	<u>0</u> -%
occupied it for less than 183 days	nay presume that property has not been of during the previous year unless the app dwelling as a primary residence and per	occupied as a primary residence and permanent place licant provides satisfactory evidence that the failure to manent place of abode.	of abode if the applicant meet this requirement did
05 ÁSSESSMENT YEAR. ESCRÍBED PROPERTIVAS: CERTIFICATION: I HERE!	AS OF JANUARY IST OF THE ASS JY PERMANENT PLACE OF RESID BY CERTIFY THAT THE ANSWERS	ON ON MY PROPERTY AS PROVIDED IN AS2 ESSMENT YEAR, I OWNED AND OCCUPYED. MENCE AT LEAST 183 DAYS DURING THE PR GIVEN ARE TRUE AND CORRECT TO THE B T IS PUNISHABLE BY A FINE OR IMPRISONM	THE ABOVE EVIOUS YEAR. EST OF MY
PRINT OR TYPE OWNER OF RE	dord sign	ATURE DATE	911 24 65
	ASSESS	SOR'S USE ONLY 03/01 WD	2005
INPUT	DM 5/6/05	PPROVED PRIOR QUALIFIED  NEW APPLICANT	5% SK
OWNERSHIP & OCCUPA VERIFIED BY	An 5/6/05	VERIFIED BY:	
TAXABLE AMOUNT:		INITIALS:	

AFFIDAVIT OF	John	É.	Harris	
	(Senior Citize)	n or Dis	abled Veteran Name)	

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

RECEIVED
APR 1 5 2005

**KPB** ASSESSING DEPT

Failure to meet the filing deadline is based on the following reason(s):
My wife passed away on Jan 16th Surrow ruled my life for follow in lays threnks no attent in to detail. Attch: It's for VA.
FURTHER AFFIANT SAITH NAUGHT.
Dated at 14 Max 05, Alaska, this 14 day of 11 av , 2005.
Senior Citizen and/or Disabled Veteran Signature)  SUBSCRIBED AND SWORN TO before me this Manch, 2005.  Notary Public, State of Alaska My Commission Expires: 3/12/3008
# 119-240-50
ASSEMBLY ACTION: APPROVAL DENIAL DENIAL DIM 05

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

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

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

RECEIVED

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY, TO QUALIFYMAY 2 3 2005

ACCOUNT # 043	-020 15	С	ITY OR SERVI	CE AREA	Kens	AZ KPB/	ASSESSING DEPT.
LEGAL DESC							
NAME DONNIS  ADDRESS 406 Je	LUSK FACESON ST STATE	AK ZIP	996//		CIAL SECU PTIONAL) DATE OF TELEPH SPOUSE'S SPOUSE'S DATE OF		, ,
ARE YOU THE WIDOW/W PREVIOUSLY QUALIFIED A YES NO IF YES, ARE YOU AGE 60 YES NO DO YOU OWN YOUR DW YES NO PART OWNER:	APPLICANT?	!	☐ OTHER: SF	AMILY RES NIUM MILY OME: PAR PECIFY N THE LAN	K		SP #
WHAT PORT	ION OF THIS PROPERTY I	S USED FOR	COMMERCIAL	OR RENT	TAL PURPOSE	S? 6	* bereen
ASSESSMENT Y DESCRIBED PROPERTY CERTIFICATION: 1 HEREBY	than 183 days during the pre- tinvolve occupancy of another THE DISABLED VETERAN VEAR AS OF JANUARY 1 AS MY PERMANENT PL CERTIFY THAT THE ANS WILLFUL MISSTATEMENT	EXEMPTION ST OF THE A ACE OF RESIL	ess the applicar a primary reside ON MY PROF ASSESSMENT DENCE AT LE	nt provides ence and pe PERTY AS YEAR, I C AST 183	satisfactory evironment place of PROVIDED IN OWNED AND DAYS DURING	AS29,45,030 OCCUPIED THE THE PREVIOU	E) FOR THE ABOVE S YEAR.
	AS	SSESSOR'S	USE ONLY	c	JOK.	08/92 W.	2005
APPROVED OWNERSHIP & OO VERIFIED BY	DISAI CUPANCY SET V	PERDYED	DISABILIT VERIFIED			G PRIOR O	9/11/02
LAND	BUILDING	TOTAL		LAND		BUILDING	
TOTAL PROPERTY VALUE OWNERSHIP INTEREST	OTHER ADJUSTMENTS			MUNICIPAL	EXEMPTION		
	EXEMPT VALUE	TAX COD	E AREA	MILL RA	ATE	DIS VET F	RATES
BOROUGH SVC AREA			TOTAL	EXEMPI	T AMOUNT:		

#### RECEIVED

MAY 2 3 2005

KPB ASSESSING DEPT.

This Application is made Pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB</u> <u>Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans</u>
and surviving spouses thereof.
Failure to meet the filing deadline is based on the following reason(s):  This Appleal Started in 2002, Just purposed  Netro to 9-07
FURTHER AFFIANT SAITH NAUGHT.
Dated at MAY, Alaska, this 23day of 2005, 2005.
SUBSERIBEO TAIRY SWEET TO before me this 32 day of
# 043 - 020 - 15 ************************************
SO 90 S/C ASSEMBLY ACTION: APPROVAL DENIAL VA WAR

(Senior Citizen or Disabled Veteran Name)

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

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

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

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

JUN 3 0 2004

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

ACCOUNT # 125 410 82 CITY OR	SERVICE AREA Surand AK
LEGAL DESC TOIN ROIW S 13 SW 0980024	1 Questa Worls sub #7 Lot 7 Block
NAME Gary H NASTA	SOCIAL SECU (OPTIONAL) DATE OF
ADDRESS PO Box 555	TELEPH
CITY Seward STATE AL ZIP 996	SPOUSE'S SPOUSE'S DATE OF
PREVIOUSLY QUALIFIED APPLICANT?  YES  NO  MUL  IF YES, ARE YOU AGE 60 OR OLDER?	EDWELLING:  SLE FAMILY RESIDENCE  DOMINIUM  TI-FAMILY  SP#  ER: SPECIFY 5 th whee   trailer
DO YOU DO YOU OWN YOUR DWELLING?  YOUR DY YES NO	OWN THE LAND ON WHICH WELLING IS LOCATED?  T OWNER: % OF INTEREST
WHAT PORTION OF THIS PROPERTY IS USED FOR COMME	
KPB 5.12.105(E) The assessor may presume that property has not been occupied as applicant occupied it for less than 183 days during the previous year unless the a meet this requirement did not involve occupancy of another dwelling as a primary.  I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSIBLES DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AS CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TO UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY THAT OF VETE OWNER OF HECORD	PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE MENT YEAR, I OWNED AND OCCUPIED THE ABOVE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.
ASSESSOR'S USE O	DNLY , 08/02 W.D
INPUT APPROVED LO DISAPPROV	/ED NEW FILING PRIOR QUALIFIED
OWNERSHIP & OCCAPANCY DISA	BILITY FIED BY VALLE 80% S/C
LAND BUILDING TOTAL TOTA	LAND BUILDING 8/19/03
OWNERSHIP INTEREST OTHER ADJUSTMENTS	OTHER EXEMPTION
EXEMPT VALUE TAX CODE AREA	A MILL RATE DIS VET RATES
BOROUGH SVC AREA	
то	TAL EXEMPT AMOUNT:
<u></u>	

AFFIDAVIT OF

(Senior Citizen of Disabled Veteran Name)

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

Failure to meet the filing deadline is based on the following reason(s):	
Did not recieve notification of dissolity percentage until may 2004	
FURTHER AFFIANT SAITH NAUGHT.	
Dated at FNBA, Alaska, this 28 day of June, 2004.	
(Senior Citizen and/or Disabled Veteran Signature)	
SUBSCRIBED AND SWORN TO before me this 28 day of	ا کر ا
# PUBLIC   My Commission Expires: 7-11-09   H 135 410 82	
ASSEMBLY ACTION: APPROVAL DENIAL	2004

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

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

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

RECEIVED

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO QUALITY 1 8 2005

ACCOUNT # 058 200 2	10_	CI	TY OR SERV	ICE AREA	KENAI	PEKI	JASSESS	SING DESTA
LEGAL DESC LOT 16-F	BLOCK 2							
NAME KENNETH W. ADDRESS 34745 KE CITY SOLDOTNA	SIMPSON YSTONE DR	2.		SO( (OP	CIAL SECUTIONAL) DATE OF TELEPH SPOUSE'S SPOUSE'S DATE OF			
ARE YOU THE WIDOW/WIDOV PREVIOUSLY QUALIFIED APPLIC YES NO IF YES, ARE YOU AGE 60 OR YES NO DO YOU OWN YOUR DWELLING YES NO PART OWNER: WHAT PORTION C	CANT? OLDER? G?	[ [ [ ] [ ] [ ]	OTHER: S O YOU OWN OUR DWELL YES NO PART OW	AMILY RES NIUM AMILY IOME: PARI PECIFY N THE LAM ING IS LO	ND ON WHICH	H INTERES		*
KPB 5.12.105(E) The assessor may papplicant occupied it for less than meet this requirement did not involved the requirement of the ASSESSMENT YEAR. DESCRIBED PROPERTY AS CERTIFICATION: I HEREBY CERTIFICATION: I HEREBY CERTIFICATION THAT WILL FRINT OR TYPE OWNER OF	183 days during the preve occupancy of another DISABLED VETERAN AS OF JANUARY 1: MY PERMANENT PLA  IFY THAT THE ANS FUL MISSTATEMENT	vious year unler dwelling as a  EXEMPTION I  ST OF THE A  CE OF RESID  VERS GIVEN	ss the applica primary resid ON MY PROI SSESSMENT ENCE AT LE	nt provides ence and pe PERTY AS YEAR, I C AST 183	satisfactory extranent place  PROVIDED II DVINED AND DAYS DURIN  ECT TO THE	of abode.  N AS29.  DCCUPI G THE I	45.030(E) ED THE APREVIOUS	FOR THE BOVE YEAR.
	AS	SESSOR'S	USE ONLY	,	08104	WD		200
APPROVED OWNERSHIP & QCOUPA VERIFIED BY		PROVED	AGE VERIFIED	BY VA	UR S		S/C	ALIFIED
LAND BUIL	LDING	TOTAL		LAND		BUIL	DING	
TOTAL PROPERTY VALUE				MUNICIPAL	EXEMPTION			
	EMPT VALUE	TAX CODE	AREA	OTHER EXE		DIS	VET RA	TES
BOROUGH SVC AREA							<u> </u>	
CITY			TOTAL	EXEMP1	AMOUNT	:		

#### RECEIVED

MAY 1 8 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF KENNETH W. SIMPSON (Senior Citizen or Disabled Veteran Name)

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

Failure	e to mee	et the filin	g deadline is b	ased o	n the fol	lowin	g reason(s):	
DID	NOF	KNOW	DEADLINE	AT	TIME	OF	Assessmen T	·
			TH NAUGHT.	, this	day o	f \	Nay,	2005.
SUBS	ROSE	0755	ORN TO before	Mui (Senior (	Sitizen and	/or Dis	abled Veteran Signatur	
	ATE OF			Notary	llees	State of	Rose Bas of Alaska	sel
******	058	-200-	- 36 *******	********	******	****	********	******* 50% Sk
ASSE	MBLY A	CTION:	APPROVAL_			DEN	NIAL	00.00