

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

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

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

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

ACCOUNT # 10555007 CITY OR SERVICE AREA: \_\_\_\_\_

LEGAL DESC EVA Fay Sub LOT10

NAME FRANK + SONDR A BACHE SOCIAL S (OPTIONAL) DATE \_\_\_\_\_

ADDRESS P.O. Box 605

CITY ANCHOR POINT STATE AK ZIP 99556 TEL \_\_\_\_\_

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

SPOU DATE  
SPOU DATE

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

SONDRA BACHE PRINT OR TYPE OWNER OF RECORD      Sondra Bache SIGNATURE      May 10, 2005 DATE

### ASSESSOR'S USE ONLY

*06/00 WD*

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>OK DM VARIABLE 5/20/05</u>		AGE VERIFIED BY <u>BC</u>	
TAXABLE AMOUNT: <u>\$1,400.00 DM 5/20/05</u>		INITIALS: _____	

*Shed used by owner for storage.*

*Neighbors DRU on this property w/ easement agreement. Mr. Bache intends to use this DRU as access to shed - currently trail from driveway to shed. 5/12/05*

*Sandra P. Bache*

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

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

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

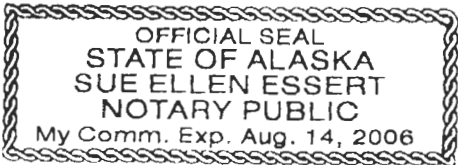
We didn't know this possible exemption existed.

FURTHER AFFIANT SAITH NAUGHT.

Dated at ~~May 10, 2005~~, Alaska, this 10 day of May, 2005.  
*KPB office*

*Frank Bache*  
*Sandra Bache*  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10<sup>th</sup> day of May, 2005.



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

*SNV \$1,400 per Am 5/20/05 #165-550-07*

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

*2005*  
*SNV*

# 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 #: 063-600-14

City of Service Area: 58 - CENT EMERG SVS

Legal Description: KN0780042 T05N R09W S19 LONGMERE ESTATES SUB PART 4 LOT 7 BLOCK 1

BRANDT EVELYN J  
39080 GRASSY VALE RD  
SOLDOTNA AK 99669

Social Secur  
(Optional)

Date of birth:

Telephone: \_

Spouse's Nar

Spouse's Dat

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? 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 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.

Evelyn J. Brandt  
PRINT OR TYPE OWNER OF RECORD

Evelyn J. Brandt  
SIGNATURE

04/18/05  
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

2005

12/97 (C) 20K

### ASSESSOR'S USE ONLY

INPUT	APPROVED <u>DM 5/2/05</u>	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>OK SNV</u>		AGE VERIFIED BY <u>B/C</u>
TAXABLE AMOUNT:	<u>\$6,800</u>		INITIALS:

AFFIDAVIT OF Evelyn J. Brandt  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

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

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

Just never thought about doing this.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 18 day of April, 2005.



Evelyn J. Brandt  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 18 day of April, 2005.

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

# 063-600-14

OK - AM 5/2/05 SNV

ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_ 2005

**RECEIVED APPLICATION FOR SENIOR CITIZEN EXEMPTION**  
**APR 22 2005 DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR**

KPB ASSESSING DEPT

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

Account #: 137-050-94 **CONTIGUOUS** City of Service Area: 58 - CENT EMERG SVS  
 To 137-050-93

Legal Description: KN0910010 T02N R12W S14 TRACT A 1982 MOBLEY TRACT AMENDED

BUSH JAMES F  
 PO BOX 663  
 KASILOF AK 99610

Social Sec  
 (Optional)  
 Date of birt  
 Telephone:  
 Spouse's N  
 Spouse's D

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 NA SP# NA
- OTHER: SPECIFY NOT COMPLETED

LIVE IN MOBILE HOME - LEASED  
 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.

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**CERTIFICATION:** I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

JAMES F. BUSH  
 PRINT OR TYPE OWNER OF RECORD

James F Bush  
 SIGNATURE

4-21-05  
 DATE

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

2005

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

**ASSESSOR'S USE ONLY**

INPUT	APPROVED <u>[Signature]</u>	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <input type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY <u>AK DM 4/22/05</u>		AGE VERIFIED BY	<u>Contig 40</u> <u>137 050 93</u>
TAXABLE AMOUNT:		INITIALS:	

RECEIVED  
APR 22 2005

KPB ASSESSING DEPT

AFFIDAVIT OF JAMES F. BUSH  
(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.

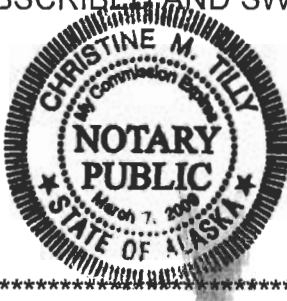
WAS NOT ADVISED AND DIDN'T  
Failure to meet the filing deadline is based on the following reason(s):

DIDN'T REALIZE THAT I NEEDED TO FILE 2 SEPARATE REQUESTS FOR - ONE FOR - TOWN R12W S15 KNO910010 1982 MOBIEY TRACT SUB AMENDED TRACT B AND - ONE FOR - TOWN R12W S14 KNO910010 1982 MOBIEY TRACT AMENDED TRACT A TRACT A IS PART OF MY TOTAL HOLDINGS, BUT IS KEPT SEPARATED DUE TO MY ORIGINAL PURCHASE OF HAVING TO BUY TRACT A TO SATISFY THE TITLE SEARCH AS THE ORIGINAL HOME WAS PARTIALLY BUILT OVER THE LINE ON TRACT A IT WAS SIMPLY EASIER TO BUY TRACT A THAN TO MOVE THE ORIGINAL HOME. I NEVER REALIZED THIS UNTIL THE DEADLINE FOR FILING FURTHER AFFIANT SAITH NAUGHT. HAD LAPSED

Dated at SOTHONA, Alaska, this 22 day of APRIL, 2005.

James F. Bush  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 22 day of April, 2005.



Christine Tilly  
Notary Public, State of Alaska  
My Commission Expires: 3/7/09

2005

137-050-94 (contig to 93)

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

OK  
per DM  
4/22/05  
SNC

# 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: 105-087-12 City of Service Area: 68  
 Property Legal Description: \_\_\_\_\_

Name: Delores A. Connelly  
 Mailing Address: P.O. Box 823

Social Security (Optional): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Spouse's Date of Birth: \_\_\_\_\_

City: Anchor Point AK Zip: 99556

Have you received this exemption before? YES or  NO  
 If YES, list the account/parcel number for the previous exemption: \_\_\_\_\_  
 If NO, attach a copy of birth certificate to verify age

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 OWN 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 (IF ANY) 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 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.

Delores Connelly PRINT OR TYPE OWNER OF RECORD      Delores A. Connelly SIGNATURE      6-3-05 DATE

Please return completed application 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

2005

### ASSESSOR'S USE ONLY 09/04 WS

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>6/10/05 Per DM</u>		AGE VERIFIED BY <u>DM</u>
TAXABLE AMOUNT:			INITIALS:

AFFIDAVIT OF De/ORE Connelly -  
(Senior Citizen or Disabled Veteran Name)  
 AND APPLICATION FOR APPROVAL OF LATE FILING  
 FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

165-083-12

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):

paperwork sent in was lost -  
had to do again late

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 3<sup>RD</sup> day of June, 2005.

Melora A Connelly  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3 day of June, 2005.



Melissa Elerick  
 Notary Public, State of Alaska  
 My Commission Expires: 1-12-08

2005

# 165-083-12

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

Ok per  
 DM  
 6/10/05



# APPLICATION FOR SENIOR CITIZEN EXEMPTION

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

MAR 03 2005

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

Account #: 060-150-41

City of Service Area: 70 - SOLDOTNA

Legal Description: KN0830034 T05N R10W S31 RIVERVIEW SUB & SMALL CIRCLE STREET VACATION LOT 4

HOLLY GEORGE R SR & JOANNE H  
220 SMALL CIR  
SOLDOTNA AK 99669

Social Sec  
(Optional)

Date of birt

Telephone:

Spouse's N

Spouse's I

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

*N/A*

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

*Bd B*

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.

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**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.

GEORGE R. HOLLY  
PRINT OR TYPE OWNER OF RECORD

George R Holly  
SIGNATURE

03/03/05  
DATE

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

2005

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

**ASSESSOR'S USE ONLY**

*12/10/82 WD original*

INPUT	APPROVED <i>DM 11/10/05</i>	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY	<i>Oh</i>		AGE VERIFIED BY <i>B/C</i>
TAXABLE AMOUNT:	<i>\$ 194,100</i>	<i>DM 5/9/05</i>	INITIALS:

RECEIVED  
MAR 03 2005  
ASSESSING DEPT

AFFIDAVIT OF GEORGE R. HOLLY  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

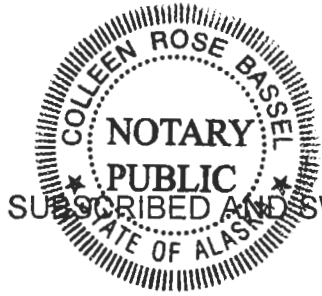
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

DID NOT THINK I QUALIFIED BECAUSE  
OF OPERATING A BED + BREAKFAST FROM MY  
HOME.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 03/03/05, Alaska, this 3 day of MARCH, 2005.



George R. Holly  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3 day of March, 2005.

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

#06015041  
\*\*\*\*\*

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

2005  
OK  
SM per  
SNV  
5/9/05

# APPLICATION FOR SENIOR CITIZEN EXEMPTION

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

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

**RECEIVED**

MAY 13 2005

Account #: 135-250-24

City of Service Area: 58 - CENT EMERG SVS

Legal Description: KN0840043 T04N R10W S02 MOOSE RANGE MEADOWS NO 3 LOT 10 BLOCK 3

HROSSO TIBOR J & MARILYN TRST  
33895 KEYSTONE DR  
SOLDOTNA AK 99669

Social Se  
(Optional)  
Date of bi  
Telephon  
Spouse's  
Spouse's

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 above Lot 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 %

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**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 AS11.58.210.

TIBOR J HROSSO / MARILYN HROSSO  
PRINT OR TYPE OWNER OF RECORD

Marilyn Hrosso  
SIGNATURE

5-13-05  
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

2005

Primary Residence  
No rent/business

**ASSESSOR'S USE ONLY**

07/00

INPUT	<u>APPROVED</u> <i>[Signature]</i>	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>DM 5/16/05</u>	AGE VERIFIED BY	<u>passport</u>
TAXABLE AMOUNT:	<u>0 DM</u>	INITIALS:	

135-250-24

RECEIVED

MAY 13 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF Marilyn + Tibor J. Hrosso  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

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

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

Outside traveling from Oct 2004 to March 05  
Here 183 days per year  
This is Primary Residence / Permanent Abode  
Vote Here

FURTHER AFFIANT SAITH NAUGHT.

Dated at Sitka, Alaska, this 13<sup>th</sup> day of May, 2005.

Marilyn Hrosso  
[Signature]

(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of May, 2005.



Colleen Rose Basse  
Notary Public, State of Alaska

My Commission Expires: 6/3/07

# 135 250 24

\*\*\*\*\*

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

2005  
ok  
per  
AM  
5/16/05

# 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 25 2005

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

KPB ASSESSING DEPT.

ACCOUNT # 17213328 CITY OR SERVICE AREA: 81  
P.O. BOX 15183

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

NAME Jack R. + Helen Pennington SOCIAL (OPTION) \_\_\_\_\_

ADDRESS ~~54880 Rolling Meadows Court~~ + DAT \_\_\_\_\_

CITY Fritz Creek STATE AK ZIP 99603 TI \_\_\_\_\_

Have you received this exemption before? Yes or (No) SPO \_\_\_\_\_  
 If YES, list the account/parcel number for the previous SPO \_\_\_\_\_  
 exemption: \_\_\_\_\_ DAT \_\_\_\_\_

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? 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

Jack R. Pennington PRINT OR TYPE OWNER OF RECORD  
Jack R. Pennington SIGNATURE  
May 17, 05 DATE

ASSESSOR'S USE ONLY

12/03 WD  
 NEW FILING  PRIOR QUALIFIED

INPUT	APPROVED	DISAPPROVED	
OWNERSHIP & OCCUPANCY VERIFIED BY <u>Inspected 1/2005</u>		AGE VERIFIED BY <u>B/C Passport</u>	
TAXABLE AMOUNT:		INITIALS:	

2005

RECEIVED  
JUN 13 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF Jack R. Pennington  
(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):

Delayed because of multiple health problems.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Fritz Creek, Alaska, this 6 day of June, 2005.

Jack R. Pennington  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of June, 2005.



Kelly Cooper  
Notary Public, State of Alaska  
My Commission Expires: 11-26-08

2005

#172-133-28

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

RECEIVED

APPLICATION FOR SENIOR CITIZEN EXEMPTION

MAY 10 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: GRANDVIEW SUB Lot 15

Name HARRIET TURCOTT

Social Security # (Optional)

Mailing Address PO BOX 687

Date of birth:

Telephone:

City STEELING AK Zip 99672

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:
If NO, attache copy of birth certificate to verify age

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

- YES
NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
NO

DO YOU OWN YOUR OWN DWELLING?

- YES
NO

PART OWNER: % OF INTEREST

TYPE OF DWELLING:

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

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

- YES
NO
PART OWNER: % OF INTEREST

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

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

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

HARRIET TURCOTT Harriett Turcott 5/19/05
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

Please return completed application 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

5/25/05
Just OK SH

2003
2004
2005
ZWK

ASSESSOR'S USE ONLY

Table with 4 columns: INPUT, APPROVED, DISAPPROVED, and checkboxes for PRIOR QUALIFIED, NEW APPLICANT, AGE VERIFIED BY, INITIALS. Includes handwritten notes like 'DM 5/12/05' and 'office visit - no business'.

**AFFIDAVIT OF Harriett F. Turcott**  
(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):**

We didn't know either of us could qualify for the exemption.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 10<sup>th</sup> day of May, 2005.



Harriett F. Turcott  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND PUBLICLY KNOWN TO before me this 10<sup>th</sup> day of May, 2005.

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

#063 330 15

\*\*\*\*\*

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

2003  
 2004  
 2005  
 ok per  
 DM  
 5/21/05  
 SEN



# APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

RECEIVED

MAY 04 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  
(907) 714-2230 OR 1-800-478-4441

KPB ASSESSING DEPT

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

Account #: 119-240-50

City or Service Area: 67 - KPB ROADS

Legal Description: SW2000002 T05N R03W S32 BLAKLEY SUB PART TWO BARKER-HARRIS ADDN  
PHASE ONE LOT E-2A

HARRIS JOHN E & SONDR A K  
PO BOX 513  
COOPER LANDING AK 99572

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

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

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

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

Telephone: \_\_\_\_\_

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.

John E. Harris  
PRINT OR TYPE OWNER OF RECORD

*John E. Harris*  
SIGNATURE

19 May 05  
DATE

ASSESSOR'S USE ONLY

*03/01 WD*      2005

INPUT	APPROVED <i>Am 5/6/05</i>	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT <i>60% s/c</i>
OWNERSHIP & OCCUPANCY VERIFIED BY	<i>Am 5/6/05</i>		DISABILITY STATUS VERIFIED BY:
TAXABLE AMOUNT:			INITIALS:

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

RECEIVED  
APR 15 2005

KPB ASSESSING DEPT

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

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

My wife passed away on Jan 16<sup>th</sup>  
Sorrow ruled my life for follow ing days/weeks  
no attention to detail. Atch: Hr En VA.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 14 Mar 05, Alaska, this 14 day of Mar, 2005.

John E Harris  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 14<sup>th</sup> day of March, 2005. 2005

Karen A Thomas  
Notary Public, State of Alaska  
My Commission Expires: 2/12/2008

# 119-240-50

\*\*\*\*\*

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

2005  
Prior guler  
6090 DSC  
OK DM  
5/6/05

# 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

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO QUALIFY MAY 23 2005

ACCOUNT # 043 - 020 15

CITY OR SERVICE AREA Kenai KPB ASSESSING DEPT.

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

NAME Dennis Lusk  
 ADDRESS 406 Jefferson ST  
 CITY Kenai STATE AK ZIP 99611

SOCIAL SECU (OPTIONAL) DATE OF \_\_\_\_\_  
 TELEPH \_\_\_\_\_  
 SPOUSE'S SPOUSE'S DATE OF \_\_\_\_\_

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

- YES  
 NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES  
 NO

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 LOCATED?

- YES  
 NO

PART OWNER: \_\_\_\_\_ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

*no business no rental*

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

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

Dennis Lusk Dennis Lusk 5-23-05  
 PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

*20K 08/92 WD 2005*

APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED		
OWNERSHIP & OCCUPANCY VERIFIED BY <u>office visit</u>		DISABILITY VERIFIED BY <u>VA letter 50% 9/1/02</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE	OTHER ADJUSTMENTS	EXEMPT VALUE	MUNICIPAL EXEMPTION	DIS VET RATES
OWNERSHIP INTEREST	EXEMPT VALUE	TAX CODE AREA	OTHER EXEMPTION	MILL RATE
BOROUGH SVC AREA				
CITY				
TOTAL EXEMPT AMOUNT: _____				

RECEIVED

MAY 23 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF DENNIS V. LUSH  
 (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):

This Appeal started in 2002, just awarded retro to 9-02

FURTHER AFFIANT SAITH NAUGHT.

Dated at MAY, Alaska, this 23 day of 2005, 2005.  
Sodotm

Dennis V. Lush  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 23<sup>rd</sup> day of May, 2005.



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

# 043-020-15

2005

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

50905/c  
VA WTR

# APPLICATION FOR DISABLED VETERAN EXEMPTION DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

AS29.45.030(E)-(I)

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

RECEIVED  
JUN 30 2004

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

KPS ASS. & INFO DEPT.

ACCOUNT # 125 410 82 CITY OR SERVICE AREA Seward AK  
LEGAL DESC TOIN ROW S13 SW 0980024 Questa Woods sub #7 Lot 7 Block 1  
NAME Gary H Nasta SOCIAL SECU (OPTIONAL) \_\_\_\_\_  
ADDRESS PO Box 555 DATE OF \_\_\_\_\_  
CITY Seward STATE AK ZIP 99664 TELEPH: \_\_\_\_\_  
SPOUSE'S SPOUSE'S DATE OF \_\_\_\_\_

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?  
 YES  
 NO  
IF YES, ARE YOU AGE 60 OR OLDER?  
 YES  
 NO

TYPE OF DWELLING:  
 SINGLE FAMILY RESIDENCE  
 CONDOMINIUM  
 MULTI-FAMILY  
 MOBILE HOME: PARK \_\_\_\_\_ SP # \_\_\_\_\_  
 OTHER: SPECIFY 5th wheel trailer

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? 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 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  
Gary H Nasta PRINT OR TYPE OWNER OF RECORD  
Gary H Nasta SIGNATURE  
27 June 2004 DATE

ASSESSOR'S USE ONLY

08/02 WD

INPUT	APPROVED <u>4/20/04</u>	DISAPPROVED	<input checked="" type="checkbox"/> NEW FILING	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>Bell anderson</u>	DISABILITY VERIFIED BY <u>VA HLR 8090 S/C</u>			
LAND <u>37,300</u>	BUILDING <u>35,400</u>	TOTAL <u>72,700</u>	LAND	BUILDING <u>8/19/03</u>
TOTAL PROPERTY VALUE			MUNICIPAL EXEMPTION	
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION	
BOROUGH SVC AREA	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES
CITY				
TOTAL EXEMPT AMOUNT:				

2004 per dm 4/20/04

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

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

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

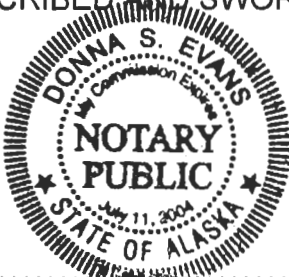
Did not receive notification of disability percentage until may 2004

FURTHER AFFIANT SAITH NAUGHT.

Dated at FNBA, Alaska, this 28 day of June, 2004.

Gary Nasta  
(Senior Citizen and/or Disabled Veteran Signature)

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



Donna Evans  
Notary Public, State of Alaska  
My Commission Expires: 7-11-04

# 125 410 82

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

B. Ok Anderson DM 2004 values  
2004  
ONLY

# 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  
 MAY 18 2005

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

ACCOUNT # 058 200 210 CITY OR SERVICE AREA KENAI PENINSULA BOROUGH KPB ASSESSING DEPT

LEGAL DESC LOT 16-A, BLOCK 2, KEYSTONE ESTATES CRAY-ROMO ADDN

NAME KENNETH W. SIMPSON  
 ADDRESS 34745 KEYSTONE DR.  
 CITY SOLDOTNA STATE AK ZIP 99669

SOCIAL SECL  
 (OPTIONAL)  
 DATE OF \_\_\_\_\_  
 TELEPH \_\_\_\_\_  
 SPOUSE'S  
 SPOUSE'S  
 DATE OF \_\_\_\_\_

ARE YOU THE WIDOW/WIDOWER OF A  
 PREVIOUSLY QUALIFIED APPLICANT?  
 YES  
 NO  
 IF YES, ARE YOU AGE 60 OR OLDER?  
 YES  
 NO

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

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

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

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0%

*no business  
no rental*

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

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE ASSESSMENT YEAR AS OF JANUARY 1ST OF THE ASSESSMENT YEAR, I OWNED AND OCCUPIED THE ABOVE DESCRIBED PROPERTY AS MY PERMANENT PLACE OF RESIDENCE AT LEAST 183 DAYS DURING THE PREVIOUS YEAR.

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

PRINT OR TYPE OWNER OF RECORD \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ASSESSOR'S USE ONLY

08/04 WD 2005

APPROVED		DISAPPROVED		<input checked="" type="checkbox"/> NEW FILING <input type="checkbox"/> PRIOR QUALIFIED	
OWNERSHIP & OCCUPANCY VERIFIED BY <u>office visit</u>		AGE VERIFIED BY <u>AKR 50% g/c</u>			
LAND	BUILDING	TOTAL	LAND	BUILDING	
TOTAL PROPERTY VALUE			MUNICIPAL EXEMPTION		
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION		
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES	
BOROUGH SVC AREA					
CITY					
TOTAL EXEMPT AMOUNT:					

RECEIVED

MAY 18 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

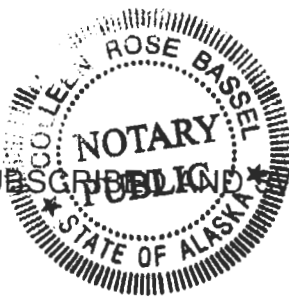
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

DID NOT KNOW DEADLINE AT TIME OF ASSESSMENT.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 5/18/05, Alaska, this 18 day of May, 2005.



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

SUBSCRIBED AND SWORN TO before me this 18th day of May, 2005.

Colleen Rose Bassel  
Notary Public, State of Alaska  
My Commission Expires: 2005

#058-200-36

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

5090 s/c