



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED

MAR - 4 2011

SHIRLEY A BAILEY  
PO BOX 2242  
SOLDOTNA AK 99669-2242

Assessor's Parcel Number: 060-015-66 KPB ASSESSING DEPT.  
Physical Address: 131 GREEN VALLEY ST  
Legal Description: T 5N R 10W SEC 31 Seward Meridan KN 2009035  
WESTGATE SUB PART SIX LOT 68

Home Phone: 252-2490	Applicants date of birth: A	Spouses name: N/A
Cell Phone: 252-2490		Spouses date of birth: N/A
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>No</u> Yes    Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? No <u>Yes</u> Do you receive any exemptions on that property? <u>No</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>N/A</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Shirley A. Bailey  
PRINT OR TYPE OWNER NAME

Shirley A. Bailey  
SIGNATURE

3-4-11  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

RECEIVED

MAR - 4 2011

KPB ASSESSING DEPT.

AFFIDAVIT OF Shirley A. Bailey  
(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):

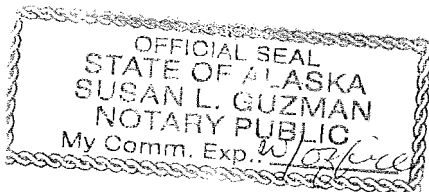
Thought I had until March 31, 2011 (☹)

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 4<sup>th</sup> day of March, 2011.

Shirley A. Bailey  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 4 day of March, 2011.



Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: 12/31/2011

\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



**SENIOR CITIZEN EXEMPTION  
(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)**

**2011**

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR

APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

RECEIVED

Return completed form and requested information to:

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907-714-2230 or 1-800-478-4441 Fax 907-714-2393

www.borough.kenai.ak.us/assessingdept

MAR 14 2011

KPB ASSESSING DEPT.

Name: Ballentine James D Assessor's Parcel Number: 17419244  
 Mailing Address: 41293 Crested Crane St Physical Address: 41293 Crested Crane St  
 City: Homer AK Zip 99603 Legal Description: Winding Trails Subdivision Lot

Home Phone: <u>907-235-3917</u>	Applicants date of birth: A	Spouses name: <u>Geneil</u>
Cell Phone: _____	A	Spouses date of birth: _____
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for Commercial Purposes? <input checked="" type="radio"/> No Yes     Rental Purposes? <input checked="" type="radio"/> No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="radio"/> No Yes     Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>41293 Crested Crane St.</u> <u>Homer, Alaska 99603</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? <input checked="" type="radio"/> No Yes     Will you or have you applied? No <input checked="" type="radio"/> Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

**I CERTIFY:**

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Ballentine James D     James Ballentine     March 15, 2011  
 PRINT OR TYPE OWNER NAME     SIGNATURE     DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

New Filing    
  Occupancy    
  Age    
  Denied    
  Approved    
 Entered by: \_\_\_\_\_  
 Prior Filing    
 Ownership    
 Perm Fund    
 Full    
 Variable    
 Contig    
 \_\_\_\_\_

AFFIDAVIT OF James D Ballentine  
(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 left the state of Alaska on July 15, 2010 and after a brief training in Utah, came to China to teach Oral English to undergraduates at Peking University, Beijing, China. I turned 65 while in China and did not know the date necessary to submit the application. I am therefore, requesting approval of late filing. Also being out of the U.S I can't have it notarized.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Beijing China, Alaska, this 15 day of March, <sup>2011</sup> 2010.

James Ballentine  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this \_\_\_ day of \_\_\_\_\_, 2010.

Notary Public, State of Alaska  
My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

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APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

RECEIVED  
MAR 16 2011

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
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907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

BOYD JIMMIE LOUIS  
PO BOX 39412  
NINILCHIK AK 99639-0412

Assessor's Parcel Number: 159-420-13 + 159-420-12

Physical Address: 66450 LOTHROP PARK DR

Legal Description: T 2S R 14W SEC 3 Seward Meridian HM 0760084  
DEEP CREEK ESTATES SUB LOT 28 BLK 2

Garage  
1/2 drive

Home Phone: <u>507-351</u>	Applicants date of birth: A	Spouses name: <u>N/A</u>
Cell Phone: <u>227-7594</u>		Spouses date of birth: <u>N/A</u>
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>No</u> Yes    Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date <u>N/A</u> What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <u>No</u> Yes    Do you receive any exemptions on that property? No <u>N/A</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>The above address</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to-\$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Jimmie Louis Boyd  
PRINT OR TYPE OWNER NAME

J L Boyd  
SIGNATURE

3-16-11  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

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

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

Failure to meet the filing deadline is based on the following reason(s):  
Had no idea it had to be filed at a certain time!  
when I called I found I need a birth certificate  
which I received 3-14-11.

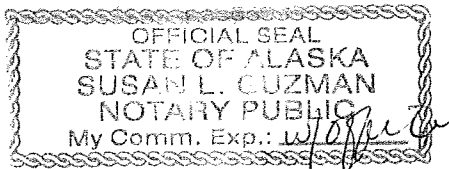
FURTHER AFFIANT SAITH NAUGHT.

Dated at Sitka, Alaska, this 16 day of March, 2011.

J. L. Boyd  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 16 day of March, 2011.

Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office



\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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

RECEIVED

FEB 23 2011



KPB ASSESSING DEPT

SENIOR CITIZEN EXEMPTION

2011

(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR

APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

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Return completed form and requested information to:

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907-714-2230 or 1-800-478-4441 Fax 907-714-2393

www.borough.kenai.ak.us/assessingdept

Name: Wm Brady

Assessor's Parcel Number: 04926049

Mailing Address: PO Box 702

Physical Address: 130 Aleene Way

City: Kenai AK Zip 99611

Legal Description: T5NR 11W Sec 1 Seward Meridian  
Kn0760085 - Petes Sake sub lot 4 BLK 1

Home Phone: 907 395 4043	Applicants date of birth:	Spouses name: NA
Cell Phone: 320 510 2213		Spouses date of birth: NA
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? 100 %		
Is any portion of this property used for Commercial Purposes? <input checked="" type="radio"/> No Yes Rental Purposes? <input checked="" type="radio"/> No Yes any		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No Yes		
If yes, when did shared occupancy begin? Date NA What percent of the home do they occupy? 100 %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? No <input checked="" type="radio"/> Yes Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? 8299 Dove Ave Glencoe, Mn 55336		
Did you receive a 2010 Alaska Permanent Fund Dividend? <input checked="" type="radio"/> No Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes Will you or have you applied? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

I CERTIFY: This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

William B Brady  
PRINT OR TYPE OWNER NAME

Wm Brady  
SIGNATURE

Feb 23-2011  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_\_ New Filing    \_\_\_\_ Occupancy    RP Age    \_\_\_\_ Denied    \_\_\_\_ Approved    Entered by:  
\_\_\_\_ Prior Filing    \_\_\_\_ Ownership    \_\_\_\_ / \_\_\_\_ Perm Fund    \_\_\_\_ Full    \_\_\_\_ Variable    \_\_\_\_ Contig

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

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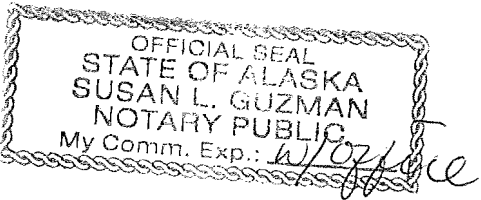
out of state

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 23 day of February, <sup>2011</sup>2010.

Wm Brady  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 23 day of February, <sup>2011</sup>2010.



Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*

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





# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
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www.borough.kenai.ak.us/assessingdept

MAR 7 2011  
KPB ASSESSING DEPT.

CHAPMAN DIANA L  
PO BOX 3556  
SOLDOTNA AK 99669-3556

Assessor's Parcel Number: 066-040-80  
Physical Address: 35516 JAMES ST  
Legal Description: T 5N R 9W SEC 26 Seward Meridian KN - PW SW1/4  
NW1/4 PER PW RES 96-4 REC @478/936

Home Phone: 907-262-9398	Applicants date of birth:	Spouses name: Diana L. Chapman
Cell Phone: 907-333-8461	P	Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input checked="" type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other		
What percent of ownership do you alone (or jointly with your spouse) have in this property? 100% %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="radio"/> No <input type="radio"/> Yes    Rental Purposes? <input checked="" type="radio"/> No <input type="radio"/> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No <input type="radio"/> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="radio"/> No <input type="radio"/> Yes    Do you receive any exemptions on that property? <input checked="" type="radio"/> No <input type="radio"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input type="radio"/> Yes <input checked="" type="radio"/>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input type="radio"/> Yes <input checked="" type="radio"/> Will you or have you applied? No <input type="radio"/> Yes <input checked="" type="radio"/>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

DIANNA L. Chapman      Diana L. Chapman      3-8-2011  
PRINT OR TYPE OWNER NAME      SIGNATURE      DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

RECEIVED

MAR 7 2011

KPB ASSESSING DEPT.

AFFIDAVIT OF Niansa L. Chapman  
(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.

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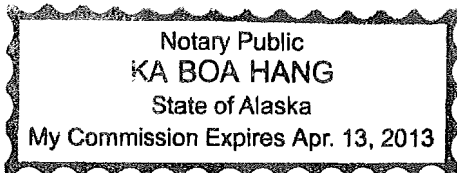
I was in Anchorage and  
could not find my birth papers and  
I fell and broke my hip!  
Sorry for all this!

FURTHER AFFIANT SAITH NAUGHT.

Dated at 3-3-2011, Alaska, this 3 day of March 2011, 2010.

Niansa L. Chapman  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 3<sup>rd</sup> day of March, 2010.



[Signature]  
Notary Public, State of Alaska  
My Commission Expires: 04/13/2013

\*\*\*\*\*

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



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www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR 30 2011  
KPB ASSESSING DEPT.

Name: Lavern Davidhizar Assessor's Parcel Number: 05930128  
Mailing Address: 206 W Rockwell St 100 Physical Address: 511 Knoll Circle  
City: Soldotna AK Zip AK Legal Description: \_\_\_\_\_

Home Phone: <u>(907) 262-2335</u>	Applicants date of birth:	Spouses name: <u>Kathryn</u>
Cell Phone: <u>(907) 252-2627</u>		Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other		
What percent of ownership do you alone (or jointly with your spouse) have in this property? _____%		
Is any portion of this property used for Commercial Purposes? <input checked="" type="radio"/> No Yes    Rental Purposes? <input checked="" type="radio"/> No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____%		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? No <input checked="" type="radio"/> Yes    Do you receive any exemptions on that property? <input checked="" type="radio"/> No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>1455 W Bruin Loop Hayden, ID 83835</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes    Will you or have you applied? No <input checked="" type="radio"/> Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

### I CERTIFY:

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

Lavern Davidhizar

[Signature]

3/29/11

PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

#### \*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

New Filing    \_\_\_\_\_ Occupancy    \_\_\_\_\_ Age    \_\_\_\_\_ Denied    \_\_\_\_\_ Approved    Entered by:  
 Prior Filing    \_\_\_\_\_ Ownership    \_\_\_\_\_ / \_\_\_\_\_ Perm Fund    \_\_\_\_\_ Full    \_\_\_\_\_ Variable    \_\_\_\_\_ Contig

RECEIVED  
MAR 30 2011  
KPB ASSESSING DEPT.

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

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

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

unaware of deadline, and family illness

FURTHER AFFIANT SAITH NAUGHT.

Dated at Kenai Peninsula Borough Alaska, this 30<sup>th</sup> day of March, 2011.

Lavern Davidkizar  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 30<sup>th</sup> day of March, 2011.



Katie Ring  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

RECEIVED

MAR 15 2011

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

KPB ASSESSING DEPT.

Name: RICHARD W. DEAN  
Mailing Address: PO. Box 2176  
City: HOMER AK Zip 99603

Assessor's Parcel Number: 17904015

Physical Address: 4446 E. HULLER HOMER

Legal Description: T6SR13W SEC16 SEWARD MERIDIAN  
HM 0630495 JAMES WADDELL BOUNDARY SURVEY  
LOT 1-F TRACT 1

Home Phone:	Applicant's date of birth:	Spouse's name: <u>MARY P. DEAN</u>
Cell Phone: <u>(907) 299-4224</u>		Spouse's date of birth:
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100%</u>		
Is any portion of this property used for Commercial Purposes? <u>No</u> Yes     Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? No <u>Yes</u> Do you receive any exemptions on that property? <u>No</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>1271 HARDROCK DR., LAKE NAUASO City, AZ. 86404</u> <i>no other 3/15/11</i>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

### I CERTIFY:

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

RICHARD W. DEAN  
PRINT OR TYPE OWNER NAME

[Signature]  
SIGNATURE

3/15/2011  
DATE

### \*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

<input type="checkbox"/> New Filing	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Age	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	Entered by:
<input type="checkbox"/> Prior Filing	<input type="checkbox"/> Ownership	<u>2010</u> Form Fund	<input type="checkbox"/> Full	<input type="checkbox"/> Variable	<input type="checkbox"/> Contig

*yes*

AFFIDAVIT OF RICHARD W. DEAN  
 (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):

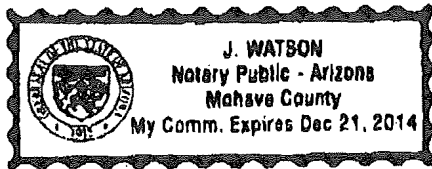
ILL AT THE TIME

FURTHER AFFIANT SAITH NAUGHT.

Dated at Lake Havasu, Arizona ~~Alaska~~, this 16 day of March, 2011.

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

SUBSCRIBED AND SWORN TO before me this 16 day of March, 2011.



J. Watson  
 Notary Public, State of ~~Alaska~~ Arizona  
 My Commission Expires: Dec 21, 2014

\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED

FEB 22 2011

DENNEY KENNETH E & CAROLYN  
PO BOX 207  
STERLING AK 99672-0207

Assessor's Parcel Number: **065-163-57** **KPB ASSESSING DEPT**  
Physical Address: 36800 FEUDING LN  
Legal Description: T 5N R 8W SEC 23 Seward Meridian KN 0740006  
HERRMANN SUB TRACT 3

Home Phone: <u>907-262-9628</u>	Applicants date of birth:	Spouses name: <u>Carolyn</u>
Cell Phone:		Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any <b>Commercial Purposes?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Rental Purposes?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
<i>If live in care is medically necessary, attach letter from the doctor.</i>		
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      Do you receive any exemptions on that property? <input type="checkbox"/> No <input type="checkbox"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>NA</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes      Will you or have you applied? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1(available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Kenneth E. Denney      Kenneth E. Denney      2-22-2011  
PRINT OR TYPE OWNER NAME      SIGNATURE      DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

New Filing       Occupancy      B/C Age       Denied       Approved  
 Prior Filing       Ownership      2010 Perm Fund       Full       Variable       Contig  
YES

AFFIDAVIT OF Kenneth E Denney  
(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):

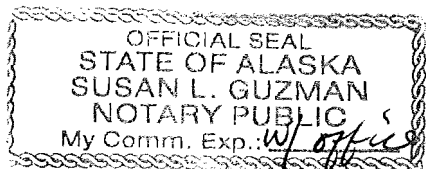
Did Not Know

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 22 day of February, 2011.

Kenneth E Denney  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 22 day of Feb, 2011.



Susan Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*

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





# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
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Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR 11 2011

FORSI THEODORE J JR & ROBIN S  
PO BOX 2470  
SOLDOTNA AK 99669-2470

Assessor's Parcel Number: 063-290-10  
Physical Address: 38835 LONGMERE WAY  
Legal Description: T 5N R 9W SEC 26 Seward Meridian KN 0730026  
LONGMERE ESTATES SUB PART 2 LOT 23 BLK 1

KPB ASSESSING DEPT.

Home Phone: 262.3114	Applicants date of birth:	Spouses name: Robin
Cell Phone: 398.3114	A:	Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? 100 %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="radio"/> No Yes Rental Purposes? <input checked="" type="radio"/> No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="radio"/> No Yes Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? N/A		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes Will you or have you applied? No Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1(available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

Theodore J. Forsi Jr.  
PRINT OR TYPE OWNER NAME

Theodore J. Forsi Jr.  
SIGNATURE

3-11-2011  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_\_ New Filing    \_\_\_\_ Occupancy    \_\_\_\_ Age    \_\_\_\_ Denied    \_\_\_\_ Approved    Entered by:  
\_\_\_\_ Prior Filing    \_\_\_\_ Ownership    \_\_\_\_ / \_\_\_\_ Perm Fund    \_\_\_\_ Full    \_\_\_\_ Variable    \_\_\_\_ Contig    \_\_\_\_

EXEMPTION LATE FILE WAIVER

Parcel # 063-290-10

- \$20K Resident/Homeowner
- \$10K Volunteer EMS/Firefighter

Disabled Resident

Theodore J. Forzi Jr.

request an extension for filing the attached application for exemption.

**RECEIVED**

MAR 11 2011

5.12.119. Real property tax--Exemptions--Borough mayor--Authority to grant extensions of time--Approve TAR.

**KPB ASSESSING DEPT.**

- A. *Mayor authority to grant extension of time.* To the extent allowed by law, the borough mayor is delegated the authority to grant extensions of time for filing any of the various exemptions permitted by statute or ordinance in accordance with this section. Except for cases where the mayor believes the applicant was unable to comply with this requirement, no exemption shall be granted unless applied for on or before February 15.
- B. *Exemption for current year--Exception.* This authority to grant extensions cannot be exercised so as to allow acceptance of an exemption application for years prior to the current year. An exemption may not be granted beyond one year from the current tax year. However, the application, whether timely filed or filed after a grant of extension of time to file, may be held open for consideration through the following year in the event eligibility for the exemption is contingent upon a determination by another entity. If the extension is granted, notwithstanding the foregoing, the application must be filed with the assessor and this filing must occur within the year for which the exemption is sought.
- C. *Inability to comply.* The request for a finding of inability to comply must be based upon a serious condition or event beyond the taxpayers control that resulted in the inability to timely file the application. For purposes of this subsection, a serious condition or event may include a serious medical condition or other similar serious condition or event that prevented the applicant from timely filing the application. Absent extraordinary circumstances, a failure to pick up or read mail or to make arrangements for an appropriate and responsible person to pick up or read mail or a failure to timely provide a current address to the Department of Assessing will not be deemed to result in an inability to comply.

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

I thought the deadline was March 15<sup>th</sup>

Requested by:

Theodore J. Forzi Jr.

3-11-2011

Applicant's Signature

Date

Reviewed by:

Borough Assessor

Date

Comments:

Assessor's Recommendation:

Approved

Denied

Borough Mayor

Date

Approved

Denied



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
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Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR - 7 2011

HEIKKILA TIMOTHY & LORRAINE  
PO BOX 844  
KENAI AK 99611-0844

Assessor's Parcel Number: <sup>26</sup> 131-010-200  
Physical Address: 35193 KALIFORNSKY BEACH RD  
Legal Description: T 4N R 12W SEC 1 Seward Meridian KN 0830048  
SEA WATCH ESTATES SUB LOT 5

KPB ASSESSING DEPT.

Home Phone: <u>907-283-7688</u>	Applicants date of birth:	Spouses name: <u>LORRAINE</u>
Cell Phone: <u>907-294-7688</u>	At:	Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>No</u> Yes     Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ % If live-in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <u>No</u> Yes     Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online)		

I CERTIFY: This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Timothy HEIKKILA  
PRINTED TYPE OWNER NAME

[Signature]  
SIGNATURE

3-7-11  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

Occupancy: \_\_\_\_\_ Age: \_\_\_\_\_ Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Entered by: \_\_\_\_\_  
Ownership: \_\_\_\_\_ / Perm Fund: \_\_\_\_\_ Full: \_\_\_\_\_ Variable: \_\_\_\_\_ Contig: \_\_\_\_\_

AFFIDAVIT OF Timothy Heikkila  
(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):

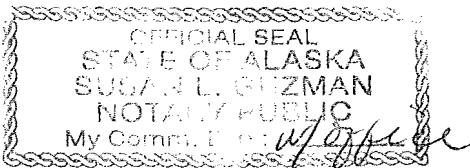
DIDN'T KNOW  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 7 day of MARCH, 2011.

Timothy Heikkila  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2011.



Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
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VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

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907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR 11 2011  
KPB ASSESSING DEPT.

HEITSTUMAN BERT A  
PO BOX 237  
KASILOF AK 99610-0237

Assessor's Parcel Number: **133-370-32**  
Physical Address: 51674 ABRAM AVE  
Legal Description: T 3N R 11W SEC 31 Seward Meridian KN 0840208  
KASILOF RIVER HEIGHTS SUB DUNCAN 1984 SUB  
OF TRACT 4 TRACT 4-B

Home Phone: <u>907-260-9534</u>	Applicants, date of birth:	Spouses name: <u>GLORIA JEAN</u>
Cell Phone: <u>907-252-4946</u>	A	Spouses date of birth: <u>1-11-</u>
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any <b>Commercial Purposes?</b> <u>No</u> Yes <b>Rental Purposes?</b> <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <u>No</u> Yes    Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

BERT HEITSTUMAN  
PRINT OR TYPE OWNER NAME

Bert Heitstuman  
SIGNATURE

03/11/11  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

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

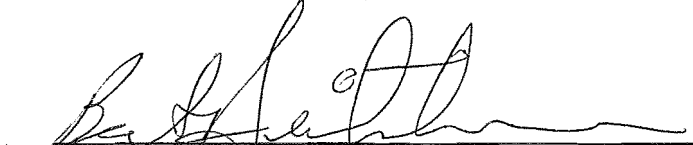
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

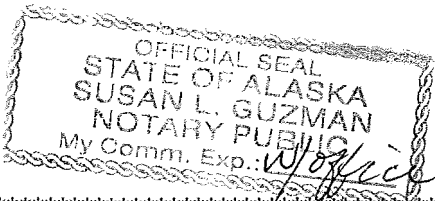
waiting Birth Certificate

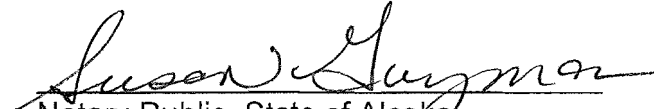
FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 11 day of MARCH, 2011.

  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 11 day of March, 2011.



  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

RECEIVED

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

FEB 28 2011

KPB ASSESSING DEPT.

Name: Dianne Jones  
Mailing Address: P.O. Box 15311  
City: Fritz Creek AK Zip 99603

Assessor's Parcel Number: 17224031  
Physical Address: 53870 Mc Bride Road Homer, AK 99603  
Legal Description: \_\_\_\_\_

Home Phone: <u>907-235-2985</u>	A " " date of birth:	Spouses name: <u>N/A</u>
Cell Phone: <u>907-299-0860</u>	A " " date of birth:	Spouses date of birth: <u>N/A</u>
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for Commercial Purposes? <u>(No)</u> Yes     Rental Purposes? <u>(No)</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>(No)</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <u>(No)</u> Yes     Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>N/A</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>(Yes)</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>(Yes)</u> Will you or have you applied? No <u>(Yes)</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

### I CERTIFY:

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

Dianne K Jones

Dianne K Jones

2-22-2011

PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

#### \*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

\_\_\_\_ New Filing     \_\_\_\_ Occupancy     B/C Age     \_\_\_\_ Denied     \_\_\_\_ Approved     Entered by:  
\_\_\_\_ Prior Filing     \_\_\_\_ Ownership     1 Perm Fund     \_\_\_\_ Full     \_\_\_\_ Variable     \_\_\_\_ Contig

RECEIVED

MAR 10 2011

KPB ASSESSING DEPT.

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

This Application is made Pursuant to 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 on vacation and forgot to send it in before I left.

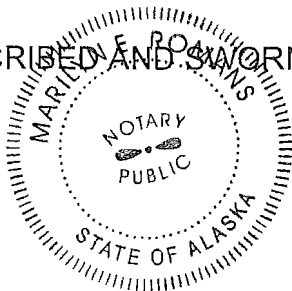
William H Jones

FURTHER AFFIANT SAITH NAUGHT.

Dated at Home, Alaska, this 8 day of March, 2011.

\_\_\_\_\_  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 8 day of March, 2011.



Marie E. Romens  
Notary Public, State of Alaska  
My Commission Expires: 1/23/2013

#112509

\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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





# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE RECEIVED)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

MAR 21 2011

KPB ASSESSING DEPT.

KEENER EVELYN D REVOCABLE TRUST & KEENER  
PO BOX 2521  
KENAI AK 99611-2521

Assessor's Parcel Number: **055-290-35**

Physical Address: 35717 KALIFORNSKY BEACH RD

Legal Description: T 5N R 11W SEC 31 Seward Meridian KN N1/2 N1/2  
GL 3 LYING W OF K-BEACH RD EXCL KALBEA  
SUBS #2 & SUNSET BLUF

Home Phone: <i>283-3040</i>	Applicants date of birth:	Spouses name: <i>PATSY</i>
Cell Phone: <i>NONE</i>	A	Spouses date of birth: <i>2 - -</i>
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <i>100</i> %		
Is any portion of this property used for any Commercial Purposes?    No    Yes    Rental Purposes?    No    Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <i>(No)</i> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state?    No <i>(Yes)</i> Do you receive any exemptions on that property? <i>(No)</i>		
When traveling outside the state of Alaska, at what address do you primarily reside? <i>34564 Mesquite Tree 1000 PAIMS Ca</i>		
Did you receive a 2010 Alaska Permanent Fund Dividend? <i>(No)</i> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend?    No <i>(Yes)</i> Will you or have you applied?    No <i>(Yes)</i>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

*LEONARD A. KEENER*  
PRINT OR TYPE OWNER NAME

*Leonard A. Keener*  
SIGNATURE

*March 14-2011*  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

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

RECEIVED  
MAR 28 2011  
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):

Prostate operation and Blader Cancer operation after a long period of tests and perimation from the hart Cardiologist Dr. Vuthai. I now have to get bloder flushing weekly for six weeks then go home and be flushed every six weeks in clinic.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Roncho Mirage, Alaska, this 25 day of March, 2011.  
California

Leonard H. Keener  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 25 day of March, 2011.



Jeff R. Kallmann  
Notary Public, State of Alaska California  
My Commission Expires: 1/10/2014

\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



**SENIOR CITIZEN EXEMPTION**  
**(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)**

**2011**

**DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR**  
**APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR**  
**VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)**

Return completed form and requested information to:  
 Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
 907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
 www.borough.kenai.ak.us/assessingdept

Name: LELAND R. MCFARLAND Assessor's Parcel Number: 058-340-79  
 Mailing Address: Po Box 37 Physical Address: 41432 Sutherland Rd  
 City: Soldotna AK Zip 99669 Legal Description: M<sup>c</sup>Smiths Eagle View Rpt # L1

Home Phone: <u>907-262-4320</u>	Spouses name: <u>MYLA MCFARLAND</u>
Cell Phone: <u>907-398-0059</u>	Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older	
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other	
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>50</u> %	
Is any portion of this property used for Commercial Purposes? <input checked="" type="checkbox"/> No Yes Rental Purposes? <input checked="" type="checkbox"/> No Yes any	
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No Yes	
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %	
If live in care is medically necessary, attach letter from the doctor.	
Do you or your spouse own property in another state? No Yes Do you receive any exemptions on that property? <input checked="" type="checkbox"/> No Yes	
When traveling outside the state of Alaska, at what address do you primarily reside? <u>3021 Carnegie St, Henderson NV</u>	
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input checked="" type="checkbox"/> Yes	
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="checkbox"/> Yes Will you or have you applied? No <input checked="" type="checkbox"/> Yes	
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).	

**I CERTIFY:**

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

LELAND R. MCFARLAND Leland R. McFarland 3-8-11  
 PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\* ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing \_\_\_ Occupancy \_\_\_ Age \_\_\_ Denied \_\_\_ Approved Entered by: \_\_\_  
 \_\_\_ Prior Filing \_\_\_ Ownership \_\_\_ 1 \_\_\_ Farm Fund \_\_\_ Full \_\_\_ Variable \_\_\_ Contig \_\_\_

Previous 060-015-30

RECEIVED

APR 1 2011

KPB ASSESSING DEPT.

AFFIDAVIT OF Weland R. McFarland  
(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):

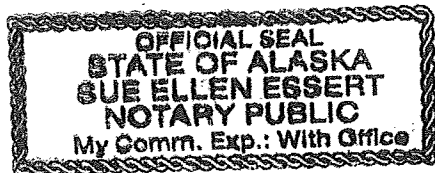
We sold our House at Blackstone and was  
MOVING.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna AK, Alaska, this 1 day of 4, 2011.

Weland R. McFarland  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 1<sup>st</sup> day of April, 2011.



Sue Ellen Essert  
Notary Public, State of Alaska  
My Commission Expires: with office

\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

RECEIVED

Return completed form and requested information to:

Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

MAR 30 2011

Name: Jerry Montgomery  
Mailing Address: Box 1287  
City: Anchor Point AK Zip 99556

Assessor's Parcel Number: 16517027  
Physical Address: 72485 Rose Avenue Anchor Point  
Legal Description: T4S R15W Sec 34 Seward Meridian  
HM 0600045 Spruce Acres Sub lot 21

KPB ASSESSING DEPT.

Home Phone:	Applicants date of birth:	Spouses name: <u>Debi</u>
Cell Phone: <u>907 299 0042</u>		Spouses date of birth: <u>...</u>
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for Commercial Purposes? <u>No</u> Yes      Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>No</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? No <u>Yes</u> Do you receive any exemptions on that property? <u>No</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>145 NW 6th Lot 11 Newport OR 97325</u> <u>PO Box 11-11-05-CD 13400-00</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available as the Assessing Department or online).		

### I CERTIFY:

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

Jerry S. Montgomery  
PRINT OR TYPE OWNER NAME

Jerry S. Montgomery  
SIGNATURE

3-14-2011  
DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

RECEIVED  
MAR 30 2011  
KPB ASSESSING DEPT.

AFFIDAVIT OF Jerry S. Montgomery  
(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 notice I needed to fill out new application  
So assumed since I got the exemption last year I would  
automatically get it for 2011. When I got the assessment notice  
I realized I had better call.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Anchorage, Alaska, this 18 day of March, 2011.

Jerry S. Montgomery  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 18<sup>th</sup> day of March, 2011.

TASHA HOTCH  
Notary Public, State of Alaska  
Commission # 116320  
My Commission Expires  
April 29, 2014

Tasha Hotch  
Notary Public, State of Alaska  
My Commission Expires: 04/29/2014

\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

MAR 11 2011

KPB ASSESSING DEPT.

Name: LARRY R. TREFREN  
Mailing Address: P.O. BOX 602  
City: ANCHOLT POINT AK Zip 99556

Assessor's Parcel Number: 16525041  
Physical Address: 10700 JET AVE  
Legal Description: THSR 15 W SE E 25 SEWARD MERIDIAN  
NM 9760006 WILLIAMS NORTH FORK  
SUB 1976 A 16N LOT 10

Home Phone:	Applicants date of birth:	Spouses name:
Cell Phone: <u>907.299-3213</u>	A	<u>[Signature]</u>
I am applying as a:		
<input type="checkbox"/> Senior age 65 and spouse	<input checked="" type="checkbox"/> Individual age 65 or older	<input type="checkbox"/> Surviving spouse age 60 or older
Dwelling type:		
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Condominium	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for Commercial Purposes? <input checked="" type="radio"/> No Yes Rental Purposes? No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="radio"/> No Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="radio"/> No Yes Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend? <input checked="" type="radio"/> No Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes Will you or have you applied? No <input checked="" type="radio"/> Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1(available as the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

LARRY TREFREN Larry R. Trefren 3-10-11  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\* ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing \_\_\_ Occupancy \_\_\_ Age \_\_\_ Denied \_\_\_ Approved Entered by:  
\_\_\_ Prior Filing \_\_\_ Ownership \_\_\_ / \_\_\_ Perm Fund \_\_\_ Full \_\_\_ Variable \_\_\_ Contig

AFFIDAVIT OF Larry R. Trefren  
(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):

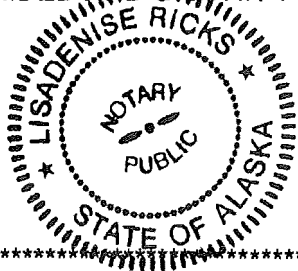
Just got notice

FURTHER AFFIANT SAITH NAUGHT.

Dated at HOMER, Alaska, this 11 day of March, 2010.

Larry R. Trefren  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 11 day of March, 2010.



[Signature]  
Notary Public, State of Alaska  
My Commission Expires: April 29, 2014

\*\*\*\*\*

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





# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
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907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR 14 2011  
KPB ASSESSING DEPT.

TRUESDELL MICHAEL A  
PO BOX 39735  
NINILCHIK AK 99639-0735

Assessor's Parcel Number: **157-160-11**  
Physical Address: 14180 STERLING HWY  
Legal Description: T 1S R 14W SEC 26 Seward Meridian HM SOUTH  
170 FT M/L NE1/4 NW1/4 EAST OF STERLING HWY  
& SOUTH 170 FT M/L NW1

Home Phone: <u>None</u>	Applicants date of birth:	Spouses name: <u>None</u>
Cell Phone: <u>907-756-1802</u>		Spouses date of birth: <u>"</u>
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>(No)</u> Yes    Rental Purposes? <u>(No)</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>(No)</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
<i>If live in care is medically necessary, attach letter from the doctor.</i>		
Do you or your spouse own property in another state? <u>(No)</u> Yes    Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>None</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? <u>(No)</u> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>(Yes)</u> Will you or have you applied? No <u>(Yes)</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1(available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

Michael A. Truesdell  
PRINT OR TYPE OWNER NAME

Michael A. Truesdell  
SIGNATURE

3-10-11  
DATE

3/15/11 verified by DS.

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

<input type="checkbox"/> New Filing	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Age	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	Entered by:
<input type="checkbox"/> Prior Filing	<input type="checkbox"/> Ownership	<input type="checkbox"/> / <input type="checkbox"/> Perm Fund	<input type="checkbox"/> Full	<input type="checkbox"/> Variable	<input type="checkbox"/> Contig

EXEMPTION LATE FILE WAIVER

Parcel # 159-160-11

\$20K Resident/Homeowner  
 \$10K Volunteer EMS/Firefighter

Disabled Resident

Michael A. Truesdell request an extension for filing the attached application for exemption.

5.12.119. Real property tax--Exemptions--Borough mayor--Authority to grant extensions of time--Approve TAR.

- A. *Mayor authority to grant extension of time.* To the extent allowed by law, the borough mayor is delegated the authority to grant extensions of time for filing any of the various exemptions permitted by statute or ordinance in accordance with this section. Except for cases where the mayor believes the applicant was unable to comply with this requirement, no exemption shall be granted unless applied for on or before February 15.
- B. *Exemption for current year--Exception.* This authority to grant extensions cannot be exercised so as to allow acceptance of an exemption application for years prior to the current year. An exemption may not be granted beyond one year from the current tax year. However, the application, whether timely filed or filed after a grant of extension of time to file, may be held open for consideration through the following year in the event eligibility for the exemption is contingent upon a determination by another entity. If the extension is granted, notwithstanding the foregoing, the application must be filed with the assessor and this filing must occur within the year for which the exemption is sought.
- C. *Inability to comply.* The request for a finding of inability to comply must be based upon a serious condition or event beyond the taxpayers control that resulted in the inability to timely file the application. For purposes of this subsection, a serious condition or event may include a serious medical condition or other similar serious condition or event that prevented the applicant from timely filing the application. Absent extraordinary circumstances, a failure to pick up or read mail or to make arrangements for an appropriate and responsible person to pick up or read mail or a failure to timely provide a current address to the Department of Assessing will not be deemed to result in an inability to comply.

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

I was informed of this only last week by my fellow members of the Ninilchik Senior Center, and apply ASAP.

Requested by: Michael A. Truesdell 3-10-11

Applicant's Signature

Date

Reviewed by: \_\_\_\_\_

Borough Assessor

Date

Comments: \_\_\_\_\_

Assessor's Recommendation:

Approved

Denied

Borough Mayor

Date

Approved

Denied



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED

FEB 22 2011

KPB ASSESSING DEPT.

WALLI ERO S & MARIE E  
35910 N FORK RD  
ANCHOR POINT AK 99556-9165

Assessor's Parcel Number: 171-330-50  
Physical Address: 35910 NORTH FORK RD  
Legal Description: T 5S R 14W SEC 15 Seward Meridian HM 0770003  
HIDDEN HILLS SUB NO 8 LOT 4 BLK 2

Home Phone: 907-235-8313	Applicants date of birth:	Spouses name: Ero S. Walli
Cell Phone: 907-299-1243		Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="checkbox"/> No Yes Rental Purposes? <input checked="" type="checkbox"/> No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No Yes Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>N/A</u>		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <input checked="" type="checkbox"/> Yes		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="checkbox"/> Yes Will you or have you applied? No Yes		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

MARIE E WALLI  
PRINT OR TYPE OWNER NAME

Marie E Walli  
SIGNATURE

2/22/2011  
DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

New Filing    
 Occupancy    
 Age    
 Denied    
 Approved  
 Prior Filing    
 Ownership    
2010 Perm Fund    
 Full    
 Variable    
 Cor  
yes

RECEIVED

FEB 22 2011

KPB ASSESSING DEPT.

AFFIDAVIT OF MARIE E. Walli  
(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):

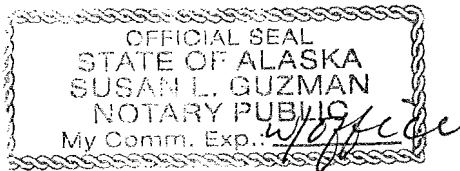
Didn't understand date line is Feb 15<sup>th</sup>, when speaking to department - in regards to applying for the tax-except senior status.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 22 day of February, 2010.

Marie E. Walli  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 22 day of Feb., 2010.



Susan Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office

\*\*\*\*\*

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR  
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

RECEIVED  
MAR - 7 2011

ROBERT K WESTOVER  
~~PO BOX 775~~ 1502 KIANA LN.  
KENAI AK 99611-~~0775~~

Assessor's Parcel Number: **045-210-53**  
Physical Address: 1502 KIANA LN  
Legal Description: T 6N R 11W SEC 34 Seward Meridian KN 0840151  
SPRUCE SHADOWS SUB LOT 1

KPB ASSESSING DEPT.

Home Phone: 907-335-4386	Applicants date of birth:	Spouses name: DONNA M.
Cell Phone: 907-953-4386	Age:	Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>(No)</u> Yes    Rental Purposes? <u>(No)</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <u>(No)</u> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ % If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <u>(No)</u> Yes    Do you receive any exemptions on that property? <u>(No)</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend? No <u>(Yes)</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend? No <u>(Yes)</u> Will you or have you applied? No <u>(Yes)</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1(available as the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years' exemptions.

ROBERT K. WESTOVER  
PRINT OR TYPE OWNER NAME

Robert Westover  
SIGNATURE

3/7/2011  
DATE

\*\*\*\* ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_ New Filing    \_\_\_ Occupancy    \_\_\_ Age    \_\_\_ Denied    \_\_\_ Approved    Entered by:  
\_\_\_ Prior Filing    \_\_\_ Ownership    \_\_\_ / \_\_\_ Perm Fund    \_\_\_ Full    \_\_\_ Variable    \_\_\_ Contig

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

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

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

I thought the filing was completed last year  
but when I was checking on possibility of  
combing the 2 lots.

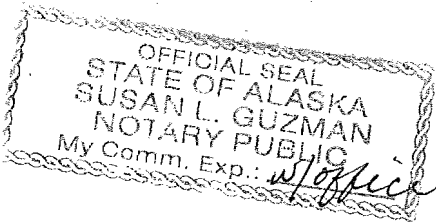
FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 7 day of March, 2011.

Robert Westover  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2011.

Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/office



\*\*\*\*\*

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# SENIOR CITIZEN EXEMPTION (INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

2011

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR  
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT OR BIRTH CERTIFICATE)

RECEIVED

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

MAR 31 2011

KPB ASSESSING DEPT.

WOLFE GAYE  
PO BOX 3335  
HOMER AK 99603-3335

Assessor's Parcel Number: 173-640-07  
Physical Address: 65370 DIAMOND RIDGE RD  
Legal Description: T 6S R 14W SEC 2 Seward Meridian HM 0780072  
COUNTRY VIEW SUB TRACT 1

Home Phone: <u>907-235-7696</u>	Applicants date of birth:	Spouses name:
Cell Phone:	A	Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <u>No</u> Yes     Rental Purposes? <u>No</u> Yes		
Is occupancy shared with someone other than your spouse and/or minor children?     No <u>Yes</u>		
If yes, when did shared occupancy begin? Date <u>4-93</u> What percent of the home do they occupy? <u>50</u> %		
<i>If live in care is medically necessary, attach letter from the doctor.</i>		
Do you or your spouse own property in another state? <u>No</u> Yes     Do you receive any exemptions on that property? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2010 Alaska Permanent Fund Dividend?     No <u>Yes</u>		
Will you qualify for a 2011 Alaska Permanent Fund Dividend?     No <u>Yes</u> Will you or have you applied?     No <u>Yes</u>		
If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online).		

**I CERTIFY:** This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is TRUE and CORRECT to the best of my knowledge. I understand that willful misrepresentation is punishable by (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation; and (3) loss of eligibility to receive the next five years' exemptions.

GAYE A. WOLFE     Gaye A Wolfe     March 30, 2011  
PRINT OR TYPE OWNER NAME     SIGNATURE     DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

\_\_\_ New Filing     \_\_\_ Occupancy     PP Age     \_\_\_ Denied     \_\_\_ Approved     Entered by:  
\_\_\_ Prior Filing     \_\_\_ Ownership     2010 Perm Fund     \_\_\_ Full     \_\_\_ Variable     \_\_\_ Contig

AFFIDAVIT OF GAYE A. WOLFE  
(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 KP Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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

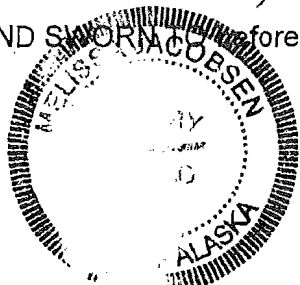
Unaware of deadline until today!

FURTHER AFFIANT SAITH NAUGHT.

Dated at North Homer, Alaska, this 30 day of March, 2010.

Gaye A. Wolfe  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 30 day of March, 2010.



Melissa Jacobsen  
Notary Public, State of Alaska  
My Commission Expires: 9-8-12

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





# DISABLED VETERAN EXEMPTION

# 2011

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

### APPLICANTS MUST PROVIDE DOCUMENTATION EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

Return completed form and requested information to:  
 Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
 907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
 www.borough.kenai.ak.us/assessingdept

RECEIVED

MAR 17 2011

BAILEY MELVIN L  
 38285 OGRADY CT 140 Blackstone  
 STERLING AK 99672-9653 Soldotna, Ak  
 99669

Assessor's Parcel Number: **063-293-14**  
 Physical Address: 38285 OGRADY CT  
 KPb ASSESSING DEPT.

Legal Description: T 5N R 9W SEC 20 Seward Meridian KN 0980047 LAKE VIEW TERRACE #3 PHASE 2 LOT 16

Home Phone: <b>907-394-4606</b>	Applicants date of birth:	Spouses name:
Cell Phone: <b>Same</b>	Age:	Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Surviving spouse age 60 or older		
Have you received this exemption before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If YES, list the account/parcel number for the previous exemption: _____		
Do you have a disability rated 50% or greater by the VA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Is disability "service connected"? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <b>100</b> %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Rental Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ % If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, do you receive any exemptions on that property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2011 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 MISREPRESENTATION IS PUNISHABLE BY (1) FORFEITURE OF THE EXEMPTION FOR THAT YEAR, AND (2) IMPOSITION OF A CIVIL FINE OF UP TO \$1,000 FOR EACH VIOLATION; AND (3) LOSS OF ELIGIBILITY TO RECEIVE THE NEXT FIVE YEARS EXEMPTIONS.

Melvin Bailey [Signature] 3/17/11  
 PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_\_ New Filing    \_\_\_\_ Occupancy    \_\_\_\_ Denied    \_\_\_\_ Approved    Entered by:  
 \_\_\_\_ Prior Filing    \_\_\_\_ Ownership    \_\_\_\_ Disability    \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig

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

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

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

was unaware

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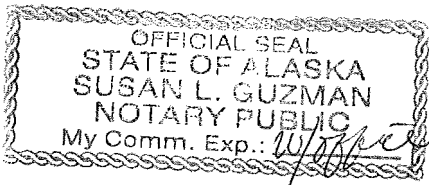
---


FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 17 day of March, 2011.

  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 17 day of March, 2011.



  
Notary Public, State of Alaska  
My Commission Expires: 11/30/11

\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office).

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



# DISABLED VETERAN EXEMPTION

# 2011

**DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR**  
**APPLICANTS MUST PROVIDE DOCUMENTATION EACH YEAR OF 50% OR MORE**  
**SERVICE CONNECTED DISABILITY TO QUALIFY**

RECEIVED

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

MAR 14 2011

KPB ASSESSING DEPT.

Name: VERONICA M BUNCH  
Mailing Address: PO BOX 1745  
City: SEWARD AK Zip 99664

Assessor's Parcel Number: 125 38005  
Physical Address: 33875 Bear Lake Rd Seward  
Legal Description: T 1N R 1W SEC 12  
SEWARD MERIDIAN SW 0750002 Bear Lk sublot  
5 Bk 1

Home Phone: <u>907-422-0421</u>	Spouses name: <u>JEREMY W BUNCH</u>
Cell Phone: <u>907-491-0817</u>	Spouses date of birth:
I am applying as a: <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Surviving spouse age 60 or older	
Have you received this exemption before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If YES, list the account/parcel number for the previous exemption: _____	
Do you have a disability rated 50% or greater by the VA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Is disability "service connected"? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____	
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %	
Is any portion of this property used for any Commercial Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Rental Purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ % <i>If live in care is medically necessary, attach letter from the doctor.</i>	
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, do you receive any exemptions on that property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
When traveling outside the state of Alaska, at what address do you primarily reside?	

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2011 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 MISREPRESENTATION IS PUNISHABLE BY (1) FORFEITURE OF THE EXEMPTION FOR THAT YEAR, AND (2) IMPOSITION OF A CIVIL FINE OF UP TO \$1,000 FOR EACH VIOLATION; AND (3) LOSS OF ELIGIBILITY TO RECEIVE THE NEXT FIVE YEARS EXEMPTIONS.

VERONICA M BUNCH VMB 03/07/2011  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

\_\_\_\_ New Filing    \_\_\_\_ Occupancy    \_\_\_\_ Denied    \_\_\_\_ Approved    Entered by:  
\_\_\_\_ Prior Filing    \_\_\_\_ Ownership    \_\_\_\_ Disability    \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig

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

RECEIVED  
MAR 14 2011  
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):  
I HAD TO WAIT UNTIL THE LETTER WITH MY DISABILITY  
UPGRADE GOT HERE. IT JUST GOT INCREASED THIS FEBRUARY  
(END OF FEB)

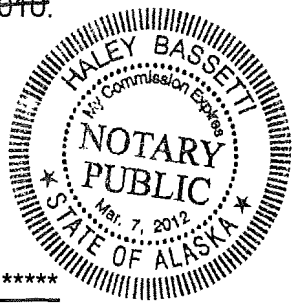
FURTHER AFFIANT SAITH NAUGHT.

Dated at KENAI, Alaska, this 14 day of March, ~~2010~~ <sup>2011</sup> VMB

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

SUBSCRIBED AND SWORN TO before me this 14 day of March, ~~2010~~ <sup>2011</sup>.

Haley Bassett  
Notary Public, State of Alaska  
My Commission Expires: 03/07/2012



\*\*\*\*\*

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



# DISABLED VETERAN EXEMPTION

## 2011

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

APPLICANTS MUST PROVIDE DOCUMENTATION EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

RECEIVED

MAR 10 2011

Return completed form and requested information to:  
Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

KPB ASSESSING DEPT.

WAGENDORF TODD & TINA  
PO BOX 5035  
NIKOLAEVSK AK 99556-5035

Assessor's Parcel Number: **165-203-65**

Physical Address: 64715 TRAIL RD

Legal Description: T 4S R 14W SEC 25 Seward Meridian HM 2002071 HOOT OWL MINI RANCHES NO 4 LOT 17-A

Home Phone: <u>907-299-4151</u>	Applicants date of birth:	Spouses name: <u>Tina T. Wagendorf</u>
Cell Phone: <u>299-4151</u>		Spouses date of birth: <u>10/10/1971</u>
I am applying as a: <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Surviving spouse age 60 or older		
Have you received this exemption before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If YES, list the account/parcel number for the previous exemption: _____		
Do you have a disability rated 50% or greater by the VA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Is disability "service connected"? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Rental Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ %		
If live in care is medically necessary, attach letter from the doctor.		
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, do you receive any exemptions on that property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2011 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 MISREPRESENTATION IS PUNISHABLE BY (1) FORFEITURE OF THE EXEMPTION FOR THAT YEAR, AND (2) IMPOSITION OF A CIVIL FINE OF UP TO \$1,000 FOR EACH VIOLATION; AND (3) LOSS OF ELIGIBILITY TO RECEIVE THE NEXT FIVE YEARS EXEMPTIONS.

Todd A. Wagendorf Todd A. Wagendorf 10 March 2011  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

<input type="checkbox"/> New Filing	<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	Entered by:
<input type="checkbox"/> Prior Filing	<input checked="" type="checkbox"/> Ownership	<input type="checkbox"/> Disability	<input type="checkbox"/> Full <input type="checkbox"/> Variable <input type="checkbox"/> Contig	_____

D.J. Peet  
Inspected  
Yes

AFFIDAVIT OF Todd A. Wegendorf  
(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 realize I qualified for an exemption until today 10 March 2011.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 10<sup>th</sup> day of MARCH, 2010.

Todd A. Wegendorf  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10<sup>th</sup> day of MARCH, 2010.

Notary Public  
JULIETA HUNTSMAN  
State of Alaska  
My Commission Expires Feb 14, 2013

J. Huntsman  
Notary Public, State of Alaska  
My Commission Expires: 2-14-13

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