

**LATE FILER****SENIOR CITIZEN EXEMPTION  
(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)****2012**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

FEB 17 2012

**KPB ASSESSING DEPT**Name: HOWARD FORBES Assessor's Parcel Number: 7  
Mailing Address: 4697 SABBINARD Physical Address: SAME  
City: HAMER AK Zip 99603 Legal Description: T6S R 13W SEC 16 SEWARD  
MERIDIAN 1/4 0830019 MEADOW-WOOD PLACE SUB AMENDED

Home Phone: <u>907 235-4321</u>	Applicant's date of birth: <u>11</u>	Spouse's name: <u>NORMA</u>
Cell Phone: <u>907 399-1398</u>		Spouse's name: <u>e.</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 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>NONE</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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).		

LOT 6  
BLK 1**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.

HOWARD FORBES Howard Forbes 2/15/2012  
 PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*  
 \_\_\_\_\_ New Filing \_\_\_\_\_ Occupancy B/C Age \_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_ Entered by:  
 \_\_\_\_\_ Prior Filing \_\_\_\_\_ Ownership 2012 Perm Fund \_\_\_\_\_ Full \_\_\_\_\_ Variable \_\_\_\_\_ Conting \_\_\_\_\_  
yes

**AFFIDAVIT OF** HOWARD FORBES  
 (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 good cause: (see reverse for definition of good cause).**

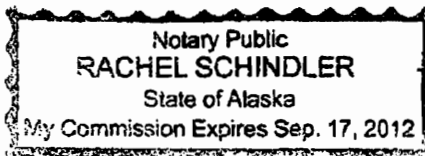
I called the Borough last year, 2011, about coming in to apply for my senior property tax exemption. I was told not to apply at that time. My understanding, or misunderstanding at that time, was that I should wait until I was over 65 at the start of the year in which I was eligible for the exemption, i.e. January 2012. I do not recall any mention of a February 15<sup>th</sup> application deadline at that time. That being said, memory being memory, and facts being facts, it is what it is, and I was wrong. I realize the need for deadlines etc., however I hope that, the fact that I've been paying KPB tax on this property for over 30 consecutive years, looking forward to this exemption, can somehow be found relative when considering acceptance of my "application" being 2-days late. Denial of this application will result in a considerable expense to our family. *P.S. I FAXED THE APPLICATION ON 2-16-12 BUT THE FAX ONLY PARTIALLY WENT THROUGH.*

**FURTHER AFFIANT SAITH NAUGHT.**

Dated at AK USA CREDIT UNION, Alaska, this 17 day of FEBRUARY, 2012.  
HOMER

Howard Forbes  
 (Senior Citizen and/or Disabled Veteran Signature)

**SUBSCRIBED AND SWORN TO** before me this 17<sup>th</sup> day of February, 2012.



Kenn Schindler  
 Notary Public, State of Alaska  
 My Commission Expires: 9-17-2012

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

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

LATE FILER

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

2012

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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www.borough.kenai.ak.us/assessingdept

RECEIVED

FEB 14 2012

KPB ASSESSING DEPT

WILLIAMSON JOHN CRAIG & MARY E  
PO BOX 2732  
SEWARD AK 99664-2732

Assessor's Parcel Number: 148-060-05

Physical Address: 615 SECOND AVE

Legal Description: T 1S R 1W SEC 10 Seward MERIDIAN SW 0000004  
ORIGINAL TOWNSITE OF SEWARD FEDERAL  
ADDN LOT 1 & 2 BLOCK 5

Home Phone: 907-224-2476	Applicants date of birth:	Spouses name: Mary E. Williamson
Cell Phone: 907-362-1804		Spouse:
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? %		
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? 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? None		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2012 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 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.

John Craig Williamson

PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

SMV

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy B/C Age \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by:  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership 2011 Perm Fund \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig

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

RECEIVED

FEB 28 2012

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 3.02.105  
Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

KPBASSESSING DEPT

Failure to meet the filing deadline is based on the following good cause: (see reverse for definition of good cause)

We had heard about the exemption but didn't have a chance to get more information about it, including the deadline before we went to Texas to visit family and missed the filing deadline. (2/8 through 2/19)

FURTHER AFFIANT SAITH NAUGHT.

Dated at 22<sup>nd</sup> Seward, Alaska, this 23<sup>rd</sup> day of February, 2012.

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

SUBSCRIBED AND SWORN TO before me this 23<sup>rd</sup> day of February, 2012.

Karen L. Glenn  
Notary Public, State of Alaska  
My Commission Expires: 4/17/15



\*\*\*\*\*  
(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

2012

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

www.borough.kenai.ak.us/assessingdept

ASSESSING DEPT.

Name: DAVID L. Jutehings

Assessor's Parcel Number: 41N 05919047

Mailing Address: P.O. Box 895

Physical Address: 295 COHOE ST

City: SOLDOTNA AK Zip 99669

Legal Description: T5N R10W SEC28,29 SE1/4,2nd 1/4

KN2007029 SOLDOTNA GR # 23 TRACT

Home Phone: <u>907-252-0889</u>	Date of birth:	Spouses name: <u>LINDA</u>
Cell Phone: <u>907-252-0393</u>		Spouse's 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>joint</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? <u>No</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2011 Alaska Permanent Fund Dividend? <u>No</u> <u>Yes</u>		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? <u>No</u> <u>Yes</u> Will you or have you applied? <u>No</u> <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.

DAVID L. Jutehings  
PRINT OR TYPE OWNER NAME

[Signature]  
SIGNATURE

3/5/2012  
DATE

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

☒ New Filing ☐ Occupancy ☐ Age ☐ Denied ☐ Approved ☐ Entered by:  
☐ Prior Filing ☐ Ownership ☒ 2011 PFD ☐ Full ☐ Variable ☐ Contig

AFFIDAVIT OF David J. Guzman  
(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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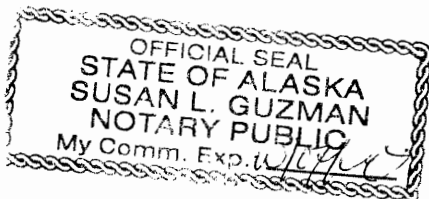
Sorry I'm late someone Reminded me  
that I Am late for this Sorry I'm late  
& want happen Action

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia AK, Alaska, this 5 day of March, 2012.

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

SUBSCRIBED AND SWORN TO before me this 5 day of March, 2012.



[Signature]  
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 \_\_\_\_\_

2012  
2013

# SENIOR CITIZEN EXEMPTION

(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR

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www.borough.kenai.ak.us/assessingdept

RECEIVED

EDWARD C GREENHALGH  
PO BOX 1074  
KASILOF AK 99610-1074

Assessor's Parcel Number: 133-350-04  
Physical Address: 27628 KALIFORNSKY BEACH RD  
Legal Description: T 3N R 11W SEC 6 Seward Meridian KN 0760167  
OLD KASILOF SUB LOT 10

Home Phone: 907-283-9111	Applicants date of birth:	Spouses name: PAMELA K. GREENHALGH
Cell Phone: 907-398-9692		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? (No) Yes Rental Purposes? No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? (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? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? 0		
Did you receive a 2012 Alaska Permanent Fund Dividend? No (Yes)		
Will you qualify for a 2013 Alaska Permanent Fund Dividend? No (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.

EDWARD C GREENHALGH Edward C. Greenhalgh 3-5-13  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*  
New Filing \_\_\_\_\_ Occupancy B/C Age \_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_ Entered by: \_\_\_\_\_  
Prior Filing \_\_\_\_\_ Ownership 2012, yes Perm Fund \_\_\_\_\_ Full \_\_\_\_\_ Variable \_\_\_\_\_ Contig \_\_\_\_\_

AFFIDAVIT OF EDWARD C. GREENHALGH  
(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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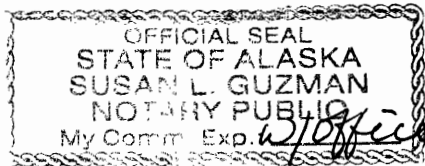
I thought I did it LAST YEAR AND did  
NOT have to do it AGAIN

FURTHER AFFIANT SAITH NAUGHT.

Dated at 3-8-12, Alaska, this 8 day of MARCH, 2012.

Ed Greenhalgh  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2012.



Susan 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 \_\_\_\_\_



AFFIDAVIT OF Edward C. Greenhalgh  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
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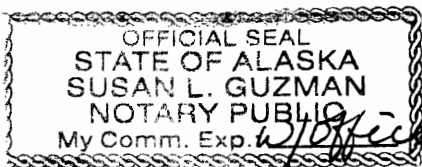
I thought I did it LAST Year and did  
not have to do it again

FURTHER AFFIANT SAITH NAUGHT.

Dated at 3-8-12, Alaska, this 8 day of MARCH, 2012.

Ed Greenhalgh  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2012.



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

\*\*\*\*\*

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ASSEMBLY ACTION:

also been  
applied  
for 03.03.12  
as a result of  
late filing

Edward  
Greenhalgh  
Exemption  
waived the  
deadline to  
file  
the  
application  
on 03.03.12

LATE FILER



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

2012

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RECEIVED

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

MAR 7 2012

KPB ASSESSING DEPT.

Name: Elizabeth Ann Johnson Assessor's Parcel Number: 174-380-13  
Mailing Address: PO Box 695 Physical Address: 40070 Fernwood Dr  
City: Homer AK Zip: 99603 Legal Description: T 6S R 12W SEC 6 SEW

MOH HM 07100076 Fernwood  
UNIT 2  
LOT 2  
BLK 3

Home Phone: <u>907-235-8686</u>	Applicants date of birth: <u>01-11-1947</u>	Spouses name: <u>Deceased '07</u>
Cell Phone:		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 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. I rarely can afford to travel outside the state</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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).		

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Elizabeth Ann Johnson Elizabeth Ann Johnson 7 MAR. 2012  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

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

<input type="checkbox"/> New Filing	<input type="checkbox"/> Occupancy	<u>PP</u> Age	<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved <u>SM</u>	Entered by:
<input type="checkbox"/> Prior Filing	<input type="checkbox"/> Ownership	<u>2011 PFD</u> Perm Fund	<input type="checkbox"/> Full	<input type="checkbox"/> Variable	<input type="checkbox"/> Contig

AFFIDAVIT OF

ELIZABETH ANN JOHNSON  
(Senior Citizen or Disabled Veteran Name)

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

2012

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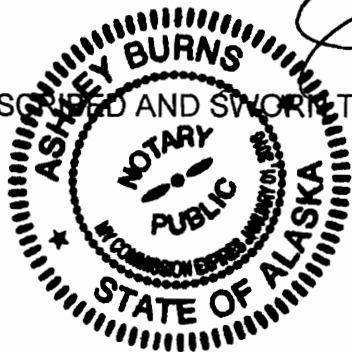
Health issues that kept me out of town  
till 29 Feb. 2012 on the late plane

FURTHER AFFIANT SAITH NAUGHT.

Dated at 7 Mar 2012, Alaska, this 7 day of March, 2012  
Honor

Elizabeth Ann Johnson  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2012



Ashley Burns  
Notary Public, State of Alaska  
My Commission Expires: 1/1/12

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

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



LATE FILER

# SENIOR CITIZEN EXEMPTION

2012

(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

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

Return completed form and requested information to:

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www.borough.kenai.ak.us/assessingdept

MAR 6 2012

ASSESSING DEPT

Name: GARY W. DAILEY

Assessor's Parcel Number: 012-140-09

Mailing Address: 50306 Island LK Rd

Physical Address: 50306 Island LK Rd N. Kenai

City: Kenai AK Zip 99611

Legal Description: T7N R 12W Sec 11 Seward  
South 690 Ft of E 1/2 NE 1/4 SE 1/4 E of 1564 Rd

Home Phone: <u>907 776 5112</u>	Applicants date of birth: <u>- 12 - 1 - 14</u>	Spouses name: <u>R. Hada</u>
Cell Phone: <u>907 740 1220</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 type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other <u>          </u>		
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 <u>          </u> What percent of the home do they occupy? <u>          </u> %		
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>I don't travel well</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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.

GARY DAILEY

PRINT OR TYPE OWNER NAME

Gary Dailey

SIGNATURE

DATE

12/9/11

### \*\*\*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"/> Perm Fund	<input type="checkbox"/> Full	<input type="checkbox"/> Variable	<input type="checkbox"/> Contig

1/9/2012

2011  
yes

SVM

AFFIDAVIT OF GARY W DAILEY  
(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 good cause: (see reverse for definition of good cause) House torn up due to contractors

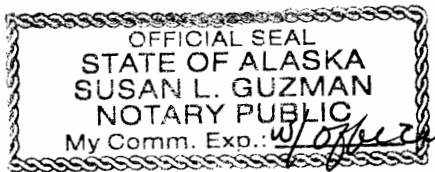
working had to move everything lost paperwork  
and birth certificate - they finished yesterday  
started 12/9/11 just found last night  
putting insulation in - ceiling in vents - etc

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 6 day of MARCH, 2012.

Gary W Dailey  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 6 day of March, 2012.



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

2012

(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

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

GOMEZ MICHAEL J & CHARLOTTE  
353 W KATMAI AVE  
SOLDOTNA AK 99669-7315

Assessor's Parcel Number: 059-360-37

Physical Address: 353 W KATMAI AVE

Legal Description: T 5N R 10W SEC 30 Seward Meridian KN 0790045  
ROCKFORD SUB LOT 8 BLK 7

Home Phone: 907-262-1203	Applicants date of birth:	Spouses name: Charlotte M.
Cell Phone: 907-394-4651		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? <input checked="" type="radio"/> No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? N/A		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2012 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 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 J. Gomez  
PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

3-6-12

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

☒ New Filing ☐ Occupancy ☒ Age ☐ Denied ☐ Approved ☐ Entered by:  
☐ Prior Filing ☐ Ownership ☒ 2011 Perm Fund ☐ Full ☐ Variable ☐ Contig  
5/30/83 ☒ yes

AFFIDAVIT OF Michael J. Gomez  
(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 good cause: (see reverse for definition of good cause)

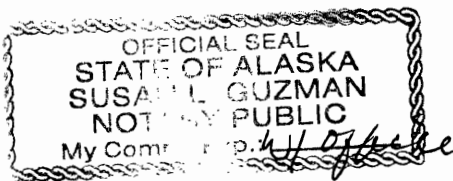
Just found out yesterday there was a date to file by.  
We thought we ~~did~~ applied when the tax bill arrived.

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 6<sup>TH</sup> day of March, 2012.

Michael J. Gomez  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 6 day of March, 2012.



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)

2012

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

KPB ASSESSING DEPT  
174-111-11

Name: James W. McLeay Assessor's Parcel Number: Lot 15 Plat # 73-87  
Mailing Address: PO Box 976 Physical Address: 100548 Sakes Littlefreewood  
City: Homer AK Zip 99603 Legal Description: 2065

Home Phone:	Applicants date of birth:	Spouses name:
Cell Phone: <u>299-4254</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>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 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 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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.

James W. McLeay  
PRINT OR TYPE OWNER NAME

James W. McLeay  
SIGNATURE

02-17-2012  
DATE

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

☐ New Filing     
 ☐ Occupancy     
 ☒ Age     
 ☐ Denied     
 ☐ Approved     
 Entered by:

☐ Prior Filing     
 ☐ Ownership     
 2011 YES     
 Perm Fund     
 ☐ Full     
 ☐ Variable     
 ☐ Contig



RECEIVED

FEB 21 2012

KPB ASSESSING DEPT

**AFFIDAVIT OF James W. McLeay**  
(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 good cause: (see reverse for definition of good cause)**

I just found out that I was able to  
APPLY for this I am to soon old  
and to late smart

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 20 day of February, 2012.

James W. McLeay  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 20 day of February, 2012.

Christine M. Griffard  
Notary Public, State of Alaska  
My Commission Expires: 7/29/2014



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

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

LATE FILER

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

2012

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 7 2012

KPB ASSESSING DEPT

PILCH RODNEY G  
PO BOX 92  
MOOSE PASS AK 99631-0092

Assessor's Parcel Number: 125-130-17

Physical Address: 33482 RANGER STATION SPUR

Legal Description: T 4N R 1W SEC 25 Seward Meridian SW THAT  
PORTION OF USS 2497 BEGINNING AT THE  
SOUTHWEST CORNER OF SAID SURVEY

Home Phone: 907-288-3149	Applicants date of birth:	Spouses name:
Cell Phone:		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? 100%		
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? 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? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? CIRCUS HOTEL CIRCUS - LAS VEGAS NEVADA		
Did you receive a 2011 Alaska Permanent Fund Dividend? No Yes		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No 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.

Rodney G. Pilch  
PRINT OR TYPE OWNER NAME

Rodney G. Pilch  
SIGNATURE

3-12-2012  
DATE

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

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

2011  
yes

AFFIDAVIT OF

Rodney G Pilch

(Senior Citizen or Disabled Veteran Name)

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

RECEIVED

MAR 13 2012

KPB ASSESSING

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 good cause: (see reverse for definition  
of good cause)

I WAS UNAWARE OF A DEADLINE OF FEB 15<sup>TH</sup>, I THOUGHT THE  
BOROUGH TRACKED MY AGE & I CALLED THE ASSESSMENT OFFICE  
IMMEDIATELY AFTER OPENING MY 2012 ASSESSMENT NOTICE THAT DID NOT  
INCLUDE MY SENIOR STATUS.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Moose Pass, Alaska, this 13<sup>TH</sup> day of MARCH, 2012.

Rodney Pilch

(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 13<sup>TH</sup> day of MARCH, 2012.



Marcia P. Shea / Postmaster  
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 \_\_\_\_\_

MAR 15 2012

KPB ASSESSING DEPT

2013

2012



# SENIOR CITIZEN EXEMPTION (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  
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

DOUGLAS DENNIS  
PO BOX 39043  
NINILCHIK AK 99639-0043

Assessor's Parcel Number: 159-143-22  
Physical Address: 69455 RESCH AVE  
Legal Description: T 3S R 14W SEC 30 Seward Meridian HM 0970086  
PIPER'S HAVEN UNIT 2 LOT 3

Home Phone: 907-394-9119	Applicants date of birth:	Spouses name: N/A
Cell Phone: SAME ↑		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? 100 %		
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? (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? No		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2012 Alaska Permanent Fund Dividend? No (Yes)		
Will you qualify for a 2013 Alaska Permanent Fund Dividend? No (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.

DOUGLAS DENNIS  
PRINT OR TYPE OWNER NAME

Dennis Dennis  
SIGNATURE

3/5/12  
DATE

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

☐ New Filing   
 ☐ Occupancy   
 ☒ Age   
 ☐ Denied   
 ☐ Approved   
 Entered by:

☐ Prior Filing   
 ☐ Ownership   
 2011/4/5   
 ☐ Perm Fund   
 ☐ Full   
 ☐ Variable   
 ☐ Contig

SMV

AFFIDAVIT OF Dennis R. Doughs  
(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):

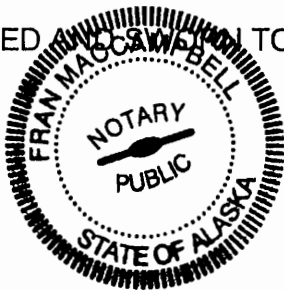
Was Told LAST YEAR THAT had To WAIT until  
APRIL 12 12 To apply. Talked Again March 5, 12  
& RETURNED w/ BIRTH CERTIFICATE 3/15/12.

FURTHER AFFIANT SAITH NAUGHT.

Dated at HUNGER, Alaska, this 15<sup>th</sup> day of MARCH, 2012

Dennis R. Doughs  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of MARCH, 2012



MacCannell  
Notary Public, State of Alaska  
My Commission Expires: 2-8-14

\*\*\*\*\*

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

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

LATE FILER

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

2012

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 19 2012

KPB ASSESSING DEPT

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

MARTIN JOHN L & DONNA S  
PO BOX 3283  
HOMER AK 99603-3283

Assessor's Parcel Number: **174-170-13**  
Physical Address: **41365 PTARMIGAN HEIGHTS DR**  
Legal Description: **T 6S R 13W SEC 11 Seward Meridian HM 0731019  
BIRCH SIDE ACRES SUB UNIT 3 LOT 5 BLK 5**

Home Phone: <b>(907) 235-6348</b>	Applicants date of birth: <b>11/11/10</b>	Spouses name: <b>Donna S. Martin</b>
Cell Phone: <b>(907) 299-1443</b>		Spouses date of birth: <b>-</b>
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? <b>100</b> %		
Is any portion of this property used for any Commercial Purposes? <b>(No)</b> Yes Rental Purposes? <b>(No)</b> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <b>(No)</b> 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 <b>(Yes)</b> Do you receive any exemptions on that property? <b>(No)</b>		
When traveling outside the state of Alaska, at what address do you primarily reside? <b>Rockhill Road, Jackson, OH 45640</b>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <b>(Yes)</b>		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No <b>(Yes)</b> Will you or have you applied? No <b>(Yes)</b>		
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.

John L. Martin  
PRINT OR TYPE OWNER NAME

John L. Martin  
SIGNATURE

3/20/12  
DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy **PP** Age \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by: **SVM**  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership **2011** Perm Fund \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig **yes**

AFFIDAVIT OF John L. Martin  
(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 good cause: (see reverse for definition of good cause)

Was not aware that exemption existed until it came up  
in conversation at a St. Patrick's Day party.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 19<sup>th</sup> day of March, 2012.

John L. Martin  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 19<sup>th</sup> day of March, 2012.

NOTARY PUBLIC  
ANDREW JOHANNES  
STATE OF ALASKA

Andrew Johannes  
Notary Public, State of Alaska  
My Commission Expires: Dec. 15, 2015

\*\*\*\*\*  
(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

MAR 13 2012

KPB ASSESSING DEPT

2012

## SENIOR CITIZEN EXEMPTION

(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

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 99661

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

www.borough.kenai.ak.us/assessingdept

Name: ANDREW N. BAKKEAssessor's Parcel Number: 17331054Mailing Address: Box 3162Physical Address: 41151 VALCAND VIGNCity: HOMER AK AK Zip 99603Legal Description: TLSR 14W SEC 9 SEN MDRHM 0800094 Diamond view SUB LOT 6

Home Phone: <u>907 235 1052</u>	Applicants date of birth:	Spouses name: <u>SUZANNE V. TORIAN</u>
Cell Phone: <u>907 299 1313</u>		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 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?		
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.

ANDREW N. BAKKE

PRINT OR TYPE OWNER NAME

Andrew N. Bakke

SIGNATURE

March 9 2012

DATE

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

☐ New Filing    ☐ Occupancy    ☒ Age    ☐ Denied    ☐ Approved    ☐ Entered by: SVM  
☐ Prior Filing    ☐ Ownership    2012 Perm Fund    ☐ Full 50% Variable    ☐ Contig



AFFIDAVIT OF ANDREW N. BAKKE  
(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):

Deal not known I was speaking with  
my friend and was told about the exemption last  
week for the first time.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 10MER, Alaska, this 09 day of MARCH, <sup>2012</sup>~~2011~~ <sup>ANB</sup><sub>RSN</sub>

Andrew N. Bakke  
(Senior Citizen and/or Disabled Veteran Signature) <sup>ANB</sup>

SUBSCRIBED AND SWORN TO before me this 09 day of MARCH, <sup>2012</sup>~~2011~~ <sup>ANB</sup><sub>RSN</sub>



Rafael S. Nunez  
Notary Public, State of Alaska  
My Commission Expires: 01/11/2016

\*\*\*\*\*  
(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)**  
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)

2012

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

KPB ASSESSING DEPT

~~IVANKA VAN CLARK~~ **BANIK ANKA**  
PO BOX 633  
SEWARD AK 99664-0633

Assessor's Parcel Number: **145-180-27**

Physical Address: 1804 JESSE LEE DR

Legal Description: T 1N R 1W SEC 34 Seward Meridian SW 0000050  
JESSE LEE HEIGHTS SUB LOT 27 BLK 3

Home Phone: <b>907-224-3043</b>	Applicants date of birth:	Spouses name:
Cell Phone:		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? <b>50</b> %		
Is any portion of this property used for any Commercial Purposes? <b>(No)</b> Yes Rental Purposes? <b>(No)</b> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <b>(No)</b> 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? <b>(No)</b> Yes Do you receive any exemptions on that property? <b>(No)</b> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <b>(Yes)</b>		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No <b>(Yes)</b> Will you or have you applied? No <b>(Yes)</b>		
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.

**ANKA BANIC**  
PRINT OR TYPE OWNER NAME

**Anka Banic**  
SIGNATURE

**03-14-12**  
DATE

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

New Filing \_\_\_\_\_ Occupancy **PP** Age \_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_ Entered by: \_\_\_\_\_  
Prior Filing \_\_\_\_\_ Ownership **2012** Perm Fund \_\_\_\_\_ Full **50%** Variable \_\_\_\_\_ Contig \_\_\_\_\_

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

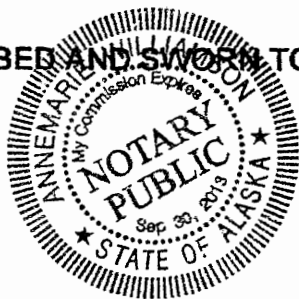
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105.  
Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following good cause: (see reverse for definition of good cause) My daughter and I lived together for few years. And now that she moved out of state, live alone and due to my lack of understanding language and not eable to read or write, I didnt know about this. My daughter in law just found out all this information for me, and with truth and honesty thats why I am late. I would never know if she didnt find out for me.  
 FURTHER AFFIANT SAITH NAUGHT.

Dated at Seward, Alaska, this 14 day of March, 2012.

Anka Banic  
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 14<sup>th</sup> day of March, 2012.



Innespie Williamson  
 Notary Public, State of Alaska  
 My Commission Expires: 9-30-13

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

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



# LATE FILER

## SENIOR CITIZEN EXEMPTION

2012

(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

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 2012

KPB ASSESSING DEPT

Name: JAMES MATTI  
Mailing Address: PO Box 39736  
City: NINILCHIKAK Zip 99639

Assessor's Parcel Number: 18550327  
Physical Address: 52072 SETTLE AVE  
Legal Description: T1S R12W SEC 25 SEWARD M.  
HM - PW SE 1/4 NE 1/4 SE 1/4

Home Phone: <u>907-252-1101</u>	Applicants date of birth: / /	Spouses name:
Cell Phone: <u>907-252-1101</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>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>NO ONE</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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.

JAMES E MATTI     [Signature]     3/4/12  
PRINT OR TYPE OWNER NAME     SIGNATURE     DATE

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

☐ New Filing    
 ☐ Occupancy    
 PP Age    
 ☐ Denied    
 ☐ Approved    
 Entered by: S - NOV - dm  
☐ Prior Filing    
 2012 Ownership    
 yes Perm Fund    
 ☐ Full    
 ☐ Variable    
 ☐ Contig    
11/30/90

RECEIVED

MAR 15 2012

KPB ASSESSING DEPT

AFFIDAVIT OF JAMES E MATTI  
(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 good cause: (see reverse for definition  
of good cause) I DIDN'T KNOW IT WAS DUE 2/15 AND  
SINCE I LIVE IN THE CARIBOU HILLS IT IS DIFFICULT  
TO GET TO THE P.O. & I COULDN'T GET IN MAILED  
ON TIME, A FRIEND MAILED IT FOR ME BUT LATE.

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 13<sup>TH</sup> day of MARCH, 2012.

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

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of March, 2012.



[Signature]  
Notary Public, State of Alaska  
My Commission Expires: 9-29-2012

\*\*\*\*\*

(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

2012

(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

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

COLLINS DAVID H & SHERRY L  
PO BOX 68  
KASILOF AK 99610-0068

Assessor's Parcel Number: 137-321-28

Physical Address: 20969 TUSTUMENA LAKE RD

Legal Description: T 2N R 11W SEC 7 Seward Meridian KN NE1/4 NE1/4  
EXCEPTING THEREFROM THE TUSTAMENA LAKE  
ROAD ROW

Home Phone: 907-262-4959	Applicants date of birth:	Spouses name: Sherry Collins
Cell Phone: 907-394-2966		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? <input checked="" type="radio"/> No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? Seldom travels have no other address		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2012 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 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.

DAVID H. COLLINS

PRINT OR TYPE OWNER NAME

David H. Collins

SIGNATURE

3-1-12

DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy B/C Age \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by:  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership 2012 Perm Fund \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig yes

AFFIDAVIT OF DAVID H. COLLINS  
(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 good cause: (see reverse for definition  
of good cause)

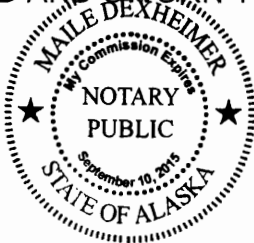
Did Not Realize there was a deadline - Just recently  
found out about the exemptions.

FURTHER AFFIANT SAITH NAUGHT.

Dated at                     , Alaska, this 1 day of 3, 2012.

David H. Collins  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 1<sup>st</sup> day of March, 2012.



Maile Dexheimer  
Notary Public, State of Alaska  
My Commission Expires: 9/10/15

\*\*\*\*\*

(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)**

**2012**

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

REICHERT JOHN M & LINDA K  
37335 BIRCH RIDGE ST  
STERLING AK 99672-9605

Assessor's Parcel Number: **063-550-47**  
Physical Address: 37335 BIRCH RIDGE ST  
Legal Description: T 5N R 9W SEC 17 Seward Meridian KN 0770081  
HOMEWOOD SUB LOT 5 BLK 9

Home Phone: <u>907-262-1861</u>	Applicants date of birth: _____	Spouses name: <u>Linda Reichert</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="radio"/> No Yes <b>Rental Purposes?</b> <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>37335 Birch Ridge St, Sterling, AK 99672</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2012 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 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.

John M. Reichert

PRINT OR TYPE OWNER NAME

[Signature]

SIGNATURE

3-1-12

DATE

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

\_\_\_\_ New Filing      \_\_\_\_ Occupancy      PP Age      \_\_\_\_ Denied      \_\_\_\_ Approved      Entered by:  
\_\_\_\_ Prior Filing      \_\_\_\_ Ownership      2012 Perm Fund      \_\_\_\_ Full      \_\_\_\_ Variable      \_\_\_\_ Contig



RECEIVED  
MAR 1 2012  
PROPERTY TAX DEPT

AFFIDAVIT OF John M. Reichert  
(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 good cause: (see reverse for definition  
of good cause)

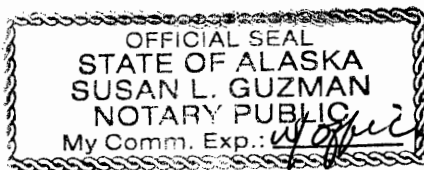
Was not aware of filing deadline date.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 1 day of March, 2012.

John Reichert  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 1 day of March, 2012.



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

2012

(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

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: Pat mullen Jr.

Assessor's Parcel Number: 060 14 019

Mailing Address: PO Box 4284

Physical Address: 287 W. Redoubt Ave

City: Soldotna AK Zip 99669

Legal Description: 1st 3 Block 1 Little's Ferry  
acres Sd #2

Home Phone: <u>262-9456</u>	Applicants date of birth:	Spouses name: <u>Laura Mullen</u>
Cell Phone: <u>252-8082</u>		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 <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? <u>N/A</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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.

Pat mullen Jr.

Pat Mullen Jr.

2-28-12

PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

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

☐ New Filing     
 ☐ Occupancy     
 ☒ Age     
 ☐ Denied     
 ☐ Approved     
 Entered by:

☐ Prior Filing     
 ☐ Ownership     
 2012     
 ☐ Perm Fund     
 ☐ Full     
 ☐ Variable     
 ☐ Contig

BC  
2012  
yes  
SVM

RECEIVED  
FEB 28 2012  
KPB ASSESSING DEPT.

AFFIDAVIT OF Pst mullen Jr.  
(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 good cause: (see reverse for definition of good cause)

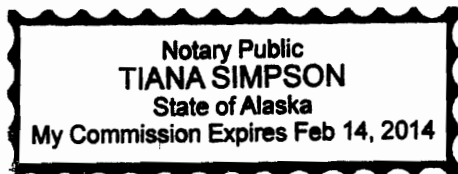
unaware of the program

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 28<sup>th</sup> day of February, 2012.

Pst Mullen Jr.  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 28<sup>th</sup> day of February, 2012.



Tiana Simpson  
Notary Public, State of Alaska  
My Commission Expires: Feb 14 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 \_\_\_\_\_

LATE FILER

SENIOR CITIZEN EXEMPTION

2012

(INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION)

APPLICANTS MUST BE AGE 65 OR OLDER ON APRIL 1, 2012. IF THE APPLICANT IS A SURVIVING SPOUSE, THE SPOUSE MUST BE AGE 60 OR OLDER ON APRIL 1, 2012.

VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING: PASSPORT OR BIRTH CERTIFICATE

RETURN TO: KPB ASSESSING DEPT., 1735 2018

RECEIVED

MAR 31 2012

KPB ASSESSING DEPT

Name: Paul Wesley Davis Address: 41066 Ruth Way  
City: Homer AK Zip: 99603 Spouse's name: Caron Davis  
Spouse's date of birth: 17352018  
Property description: T 65 R 14W Sec 9 Seward Meridian  
NM 075033 Sunny Slope Sub Unit 1  
LOT 18 Bldg 1

Home Phone <u>907-235-7291</u>	Appl. date of birth _____	Spouse's name <u>Caron Davis</u>
Cell Phone <u>907-399-4300</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? <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? No <input checked="" type="checkbox"/> 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? _____		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="checkbox"/> Yes		
Will you qualify for a 2012 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 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.

Paul Wesley Davis PRINT OR TYPE OWNER NAME Paul Wesley Davis SIGNATURE 3/28/2012 DATE

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

PP New Filing Occupancy Age Denied Approved Entered by:  
2011 Prior Filing Ownership Perm Fund Full Variable Contig  
yes

RECEIVED

MAR 30 2012

KPB ASSESSING DEPT

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

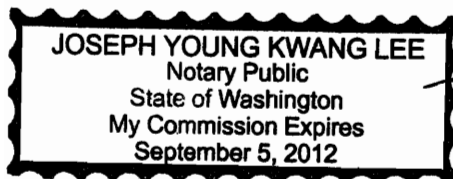
Failure to meet the filing deadline is based on the following good cause: (see reverse for definition of good cause) My wife is on the lung transplant list at Univ. of Wash and  
we have to reside here until the transplant happens and at least three  
months longer. We have here since June 25, 2011

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seattle, WA ~~Alaska~~, this 28<sup>th</sup> day of March, 2012.

Paul Wesley Davis  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 28<sup>th</sup> day of March, 2012.



[Signature]  
Notary Public, State of ~~Alaska~~ Washington  
My Commission Expires: Sept. 5<sup>th</sup> 2012

\*\*\*\*\*  
(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

2012

(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

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 29 2012

KPB ASSESSING DEPT

THOMPSON DAVID & DONNA  
PO BOX 1615  
SEWARD AK 99664-1615

Assessor's Parcel Number: 148-040-08

Physical Address: 103 MADISON ST

Legal Description: T 1S R 1W SEC 10 Seward MERIDIAN SW 0000001  
ORIGINAL TOWNSITE OF SEWARD LOT 38 THRU  
40 BLOCK 26

Home Phone: <u>(907) 234-5072</u>	Applicants date of birth:	Spouses name: <u>David</u>
Cell Phone: <u>(907) 491-0424</u>		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 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?		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <input checked="" type="radio"/> Yes		
Will you qualify for a 2012 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 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.

Donna Sue Thompson  
PRINT OR TYPE OWNER NAME

Donna S Thompson  
SIGNATURE

3/29/12  
DATE

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

New Filing Occupancy 3/12 Age Denied Approved Entered by:  
Prior Filing Ownership 2012 Perm Fund Full Variable Contig

AFFIDAVIT OF Denna Sue Thompson  
(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 good cause: (see reverse for definition of good cause)

She had a Stroke. Heavily involved in medical.  
Husband had cardio endocarditis. = heart infection.

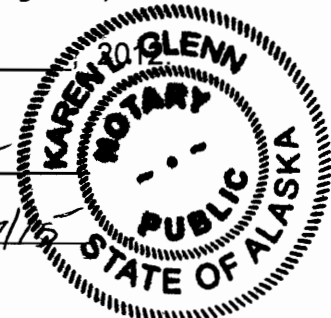
FURTHER AFFIANT SAITH NAUGHT.

Dated at Seward, Alaska, this 29 day of March, 2012.

Denna S Thompson  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 29<sup>th</sup> day of March

Karen L. Glenn  
Notary Public, State of Alaska  
My Commission Expires: 4/17/15



\*\*\*\*\*  
(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

2012

(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

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

BENDTZEN DENA & BLACK NOEL H.  
PO BOX 39491  
NINILCHIK AK 99639-0491

Assessor's Parcel Number: 159-300-17

Physical Address: 65785 OIL WELL RD

Legal Description: T 2S R 14W SEC 2 Seward Meridian HM 0750019  
SPAKIONAYA VISOK SUB LOT 17 BLK 1

KPB ASSESSING DEPT

Home Phone: 907-567-3201	Applicants date of birth:	Spouses name:
Cell Phone:	Applicants Social Security Number:	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 type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input checked="" 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? 50 %		
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? No Yes		
If yes, when did shared occupancy begin? Date Sept 2000 What percent of the home do they occupy? 50 %		
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? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? Don't travel		
Did you receive a 2011 Alaska Permanent Fund Dividend? No (Yes)		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No (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.

Noel Black

PRINT OR TYPE OWNER NAME

Noel Black

SIGNATURE

3-22-12

DATE

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

SVN

\_\_\_\_ New Filing    \_\_\_\_ Occupancy    3/c Age    \_\_\_\_ Denied    \_\_\_\_ Approved    Entered by:  
 \_\_\_\_ Prior Filing    \_\_\_\_ Ownership    2012 Perm Fund    \_\_\_\_ Full    \_\_\_\_ Variable    \_\_\_\_ Contig

yes



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

RECEIVED  
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 good cause: (see reverse for definition  
of good cause)

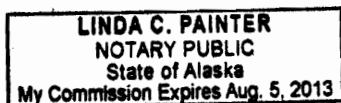
Didn't know when the deadline was, I just got the papers.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Minilchik, Alaska, this 22 day of March, 2012.

Noel Black  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 22<sup>nd</sup> day of March, 2012.



Linda C. Painter  
Notary Public, State of Alaska  
My Commission Expires: 8-5-13

\*\*\*\*\*

(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)

2012

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 30 2012

KPB ASSESSING DEPT

(sister,  
1/6 owner  
only)

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

REBECCA SCOTT ABBOTT LUNDQVIST  
PO BOX 2675  
HOMER AK 99603-2675

Assessor's Parcel Number: 193-300-12

Physical Address: 52370 YUKON ISLAND REM SW

Legal Description: T 8S R 13W SEC 3 & 4 Seward Meridian SL 0001507  
US SURVEY 1507 EXCL N 100 FT OF E 435 FT  
YUKON ISLAND

P.O. Box 3000 Homer 99603

Home Phone: 235-8734	Applicants date of birth:	Spouses name: none
Cell Phone: none		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 type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other <u>Small Cabin</u>		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>16.6</u> % ( <u>1/6</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? <u>none</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 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.

W. Findlay Abbott  
PRINT OR TYPE OWNER NAME

W. Findlay Abbott  
SIGNATURE

DATE

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

S M

\_\_\_\_ New Filing \_\_\_\_ Occupancy \_\_\_\_ Age \_\_\_\_ Denied \_\_\_\_ Approved Entered by:  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership 2011 Perm Fund \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig yes  
2012 yes

AFFIDAVIT OF W. Findlay Abbott  
(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):

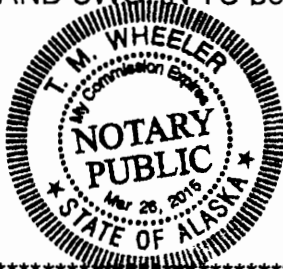
I was not aware that I might  
qualify until I visited the borough  
office for other reasons.  
I am low income and behind on property taxes,

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 28<sup>th</sup> day of March, 2012

W. Findlay Abbott  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 28<sup>th</sup> day of March, 2012



T. M. Wheeler  
Notary Public, State of Alaska  
My Commission Expires: March 26 2015

\*\*\*\*\*  
(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

2012

(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

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 28 2012

KPB ASSESSING DEPT

Name: Patricia Lee Carl Lee  
Mailing Address: PO Box 1703  
City: Kenai AK Zip 99611

Assessor's Parcel Number: 043-102-16  
Physical Address: 1708 2nd Ave  
Legal Description: LOT 1 Westbet subdivision

Home Phone: <u>907-335-0538</u>	Applicants date of birth:	Spouses name: <u>Carl Lee</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 Commercial Purposes? <input checked="" type="checkbox"/> No Yes      Rental Purposes? 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>NA</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? <input checked="" type="checkbox"/> No Yes		
Will you qualify for a 2012 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.

Patricia Lee Carl Lee      Patricia Lee Carl Lee      2-22-12  
PRINT OR TYPE OWNER NAME      SIGNATURE      DATE

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

☐ New Filing      ☐ Occupancy      BK Age      ☐ Denied      ☐ Approved      Entered by:  
☐ Prior Filing      ☐ Ownership      2012 Perm Fund      ☐ Full      ☐ Variable      ☐ Contig

RECEIVED

FEB 28 2012

KPB ASSESSING DEPT

AFFIDAVIT OF Patricia Lee  
(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 good cause: (see reverse for definition  
of good cause) Cancer R

FURTHER AFFIANT SAITH NAUGHT.

Dated at 9:15 Am, Alaska, this 24<sup>th</sup> day of February 2012.

Patricia Lee  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 24<sup>th</sup> day of February, 2012.



Sheryl L. Fanning  
Notary Public, State of Alaska  
My Commission Expires: 4-14-14

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

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

over

RECEIVED

MAR 07 2012

Mar. 7, 2012 KPB ASSESSING DEPT

Patt & Carl Lee  
P.O. Box 1703  
Kenai, AK 99611  
907-335-0558

Dear Mr. Navarre,

My husband, age 83, & I, age 76, are residents of Kenai (1708 2nd Ave). This is the 1st time we are eligible for the Senior Property tax exemption. I did not know there was a deadline, as I was told by the tax office that you had to be approved for the PFD & that hasn't come through yet. No notice was sent to us or in news as we were used to. While going through papers on Feb 16, I discovered that the filing deadline was Feb 15. I immediately called & talked with Susan Guzman. She sent me a "Late Filing Form" to fill out which I did. ("Received Feb 28") I did not elaborate on the reason for being distracted (Cancer Rx). The past 2 yrs. 6 major cancer surgeries, 2 mo Radiation Rx in Anchorage, numerous PET/CT scans, \$5K+ dental work (Radiation Ruined my teeth). My Husband's surgery for Fractured hip, medical bills, etc. We are living on SS. & this tax would be a financial hardship. Please Help.

Sincerely,

Patricia Lee (Carl & Lee)

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MAR 07 2012

KPB ASSESSING DEPT

List of surgeries.

DTC + biopsy.

Total Hysterectomy, bilateral Salpingo-oophorectomy, Radical Aortic + Per-Aortic node dissection, Cholecystectomy, excision + biopsy of perineal tumor, Radical excision + biopsy of perineal tumor,

2 mo. Radiation Rx @ Providence Anchorage, Thoracotomy, excision + biopsy of nodes in RA.

Lung, numerous PET CT Scans.

\$5000 + Dental bills for teeth since Radiation.

Husband's surgery for broken hip this past year.

All this plus dealing with bills, medicare, etc



**LATE FILER**

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

**2012**

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 16 2012

KPB ASSESSING DEPT.

LACROSS JACK P & LEARY-LACROSS MEGAN  
PO BOX 331  
SOLDOTNA AK 99669-0331

Assessor's Parcel Number: **131-280-33**

Physical Address: 47580 LACROSS LN

Legal Description: T 4N R 11W SEC 23 Seward Meridian KN 2005125  
LACROSS SUB NO 4 TRACT A-1

Home Phone: <u>907-262-7504</u>	Applicants date of birth:	Spouses name: <u>Deceased Aug 4, 2007 Jack P. Lacross</u> <u>Megan Leary Lacross</u>
Cell Phone:		Spouses date of birth:
I am applying as a: <input 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? <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? <u>No</u> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2011 Alaska Permanent Fund Dividend? No <u>Yes</u>		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? <u>No</u> <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.

Megan Leary Lacross  
PRINT OR TYPE OWNER NAME

[Signature]  
SIGNATURE

FEB 16<sup>th</sup> 2012  
DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy \_\_\_\_ Age \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by:  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership 2011 YES Perm Fund \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig



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

RECEIVED  
FEB 16 2012  
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.

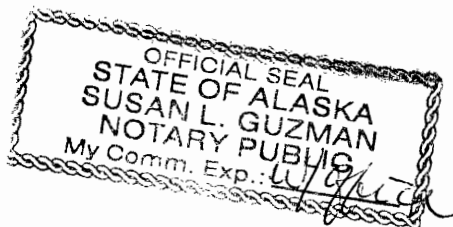
Failure to meet the filing deadline is based on the following good cause: (see reverse for definition of good cause)

I didn't realize this exemption was available to me as Jack's widow. I have struggled to pay these taxes and came to the Bow Bldg to make the last payment on my 2011 taxes when I found out about this exemption. This would be a great help to me to have this  
FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 16 day of FEBRUARY, 2012.

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

SUBSCRIBED AND SWORN TO before me this 16 day of February, 2012.



[Signature]  
Notary Public, State of Alaska  
My Commission Expires: with office

exemption as I was finally able to get a good job - the 1st since Jack's death, and am trying to catch up on all the bills. Thank you for your consideration.  
- Megan LaCross

\*\*\*\*\*  
(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)

2012

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 29 2012

KPB ASSESSING DEPT

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: Robert C Stokes Assessor's Parcel Number: 065-076-30  
Mailing Address: PO Box 1227 Physical Address: 29265 DELWOODMAN AVE  
City: STERLING AK Zip 99672 Legal Description: LOT 4, BLK 1, STERLING, ROLLER SUB #3

Home Phone: <u>907 229-1719</u>	Applicants date of birth: _____	Spouses name: <u>ELIZABETH</u>
Cell Phone: <u>907-229-4552</u>	_____	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 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>3390 GANDY BLVD #5, ST Petersburg, FL 33702</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? <u>No</u> Yes		
Will you qualify for a 2012 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 C Stokes [Signature] 3/28/2012  
 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**

ROBERT C STOKES

(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 good cause: (see reverse for definition of good cause)**

This is the first year of eligibility for the exemption. Each year I travel during the winter months. During the past 2 winters I have been offered temporary employment with a tax return preparation firm. In January and February we work 60 to 80 hours per week. I did not discover the deadline for filing until late February. Due to work schedules, this is my first opportunity to address this issue. Please accept this as reasonable cause for late filing. Thank you in advance for your consideration.

FURTHER AFFIANT SAITH NAUGHT.

Dated at \_\_\_\_\_, Alaska, this \_\_\_\_ day of \_\_\_\_\_, 2012.

Alaska notary not available.



(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 2012.

Notary Public, State of Alaska

My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

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

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

ENTER

# SENIOR CITIZEN EXEMPTION

2012

(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

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 16 2012  
ASSESSING DEPT.

GAUTHIER JANICE R  
2555 VIP DR APT 1  
KENAI AK 99611-8880

Assessor's Parcel Number: 049-410-03

Physical Address: 2555 VIP DR

Legal Description: T 5N R 11W SEC 17 Seward Meridian KN 0770055 V  
1 P COUNTRY ESTATES SUB PART 1 LOT 21 BLK 1

Home Phone: 283-1055	Applicants date of birth:	Spouses name:
Cell Phone: 398-6623		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 type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input checked="" 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? No Yes Rental Purposes? No Yes		
Is occupancy shared with someone other than your spouse and/or minor children? No Yes		
If yes, when did shared occupancy begin? Date What percent of the home do they occupy? 25 %		
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? No Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? NA		
Did you receive a 2011 Alaska Permanent Fund Dividend? No Yes		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No 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.

JANICE GAUTHIER  
PRINT OR TYPE OWNER NAME

J. Gauthier  
SIGNATURE

2-16-12  
DATE

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

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

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

RECEIVED  
FEB 16 2012  
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 good cause: (see reverse for definition  
of good cause)

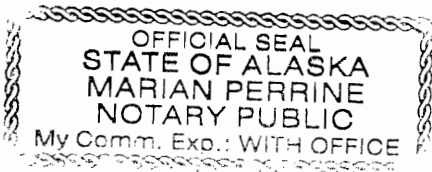
Was unaware of filing date & was  
unable to find birth certificate

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 16 day of February, 2012.

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

SUBSCRIBED AND SWORN TO before me this 16<sup>th</sup> day of February, 2012.



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

\*\*\*\*\*  
(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

2012

(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

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

LACY DON FAMILY TRUST

~~104 NE 14TH AVE~~

~~HILLSBORO OR 97124-3352~~

Assessor's Parcel Number: 013-390-13

Physical Address: 47530 MARCH RD

Legal Description: T 7N R 11W SEC 28 Seward Meridian KN 0770160  
MARCH ACRES SUB LOT 2 BLK 3

Home Phone: 907-776-4058	Applicant's date of birth:	Spouses name:
Cell Phone: 907-394-0388		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 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 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? 7185 SW Hyland Park Ct, Beaverton, OR 97008		
Did you receive a 2011 Alaska Permanent Fund Dividend? <input checked="" type="radio"/> No Yes		
Will you qualify for a 2012 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 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.

Donald E Lacy

PRINT OR TYPE OWNER NAME

Donald E Lacy

SIGNATURE

03/26/12

DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy Proof 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 good cause: (see reverse for definition of good cause)

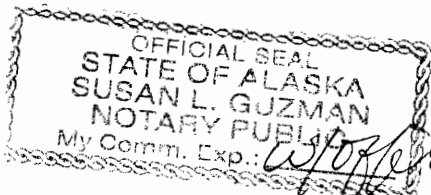
(1) I did not know the ~~rent~~<sup>Tax</sup> abatement & Fd dates were different  
(2) I was hospitalized in Oregon when the date arrived.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 3/26/2012, Alaska, this 26 day of March, 2012.  
S. Alabina

Donald S. Lacy  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 26 day of March, 2012.



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 \_\_\_\_\_

# LATE FILER



## SENIOR CITIZEN EXEMPTION

2012

(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

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 8 2012

KPB ASSESSING DEPT

Name: GILLIAN MUNN Assessor's Parcel Number: 177P5126

Mailing Address: 4309 HEIDI CT Physical Address: Aleutic

City: HOMER AK Zip 95603 Legal Description: AA MATCO SUB 1958 ADDN

UNIT 2 AMANADO LOT 21

Home Phone: <u>907 226 2493</u>	Applicants date of birth:	Spouses name: <u>A</u>
Cell Phone: <u>570 816 8149</u>		Spouses date of birth: <u>2</u>
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 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>VARIES</u>		
Did you receive a 2011 Alaska Permanent Fund Dividend? <u>No</u> Yes		
Will you qualify for a 2012 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.

GILLIAN MUNN Gillian Munn 3-01-12  
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 ☐ Conting



RECEIVED

MAR 8 2012

KPB ASSESSING DEPT

AFFIDAVIT OF GILLIAN MUNN  
(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 good cause: (see reverse for definition of good cause)

I was diagnosed with Cancer 7 months ago and have  
been travelling both to Anchorage and out of State  
for discussions/examinations of Cancer

FURTHER AFFIANT SAITH NAUGHT.

Dated at 3-1-12, Alaska, this 1<sup>st</sup> day of March, 2012.

Gillian Munn  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 1 day of March, 2012.

Angela M. Newby  
Notary Public, State of Alaska  
My Commission Expires: 3/14/2013

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

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

**LATE FILER**

# SENIOR CITIZEN EXEMPTION

2012

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

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 2 2012

KPB ASSESSING DEPT.

CAROLE V NESS LIVING TRUST

615 9TH ST UNIT 35

IMPERIAL BOROUGH CA 91932-1552

PO BOX 8044

NIKOLA, AK 99635

Assessor's Parcel Number: 013-320-34

Physical Address: 49650 TOLOFF RD

Legal Description: T 7N R 11W SEC 9 Seward Meridian KN 0950024  
DANIEL P TOLOFF SUB JOHANSEN ADDN LOT 8A

Home Phone: 907-776-5456	Applicants date of birth:	Spouses name: Edward L Ness
Cell Phone: 907-244 4358		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 type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input checked="" type="checkbox"/> Other Cabin		
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? (No) Yes Rental Purposes? (No) Yes		
Is occupancy shared with someone other than your spouse and/or minor children? (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? (No)		
When traveling outside the state of Alaska, at what address do you primarily reside? 615 9th St #35 Imperial Bch Ca 91932		
Did you receive a 2011 Alaska Permanent Fund Dividend? (No) Yes		
Will you qualify for a 2012 Alaska Permanent Fund Dividend? No (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.

Carole V. Ness

PRINT OR TYPE OWNER NAME

Carole V. Ness

SIGNATURE

March 2, 2012

DATE

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

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

AFFIDAVIT OF

Carol V. Ness  
(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 good cause: (see reverse for definition  
of good cause)

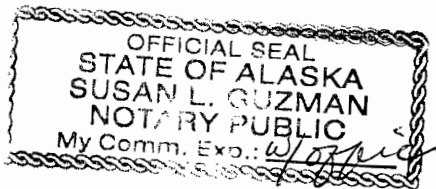
I was residing in AK Feb 15<sup>th</sup> but failed to  
understand I needed get it in.  
When I am out of state its for health reasons.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 2 day of March, 2012.

Carol V. Ness  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 2 day of March, 2012.



Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: 12/31/2012

\*\*\*\*\*

(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

2012

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

ASSESSING DEPT.

MARK D TORNAI  
33642 KEYSTONE DR  
SOLDOTNA AK 99669-8532

Assessor's Parcel Number: **135-260-27**

Physical Address: 33642 KEYSTONE DR

Legal Description: T 4N R 10W SEC 2 Seward Meridian KN 2003052 MOOSE RANGE MEADOWS SUB 2003 RESUB LOT 4A

Home Phone: <u>748-3299</u>	Applicants date of birth: <u>1-1-1955</u>	Spouses name: <u>None</u>
Cell Phone: <u>748-3299</u>		Spouses date of birth: <u>None</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 type="checkbox"/> No <input type="checkbox"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <u>33642 Keystone Dr - Soldotna, AK 99669</u>		

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2012 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.

Mark Tornai Mark Tornai 3/29/12  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by:  
\_\_\_\_ Prior Filing 9/30/11 Ownership 50% Disability \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig \_\_\_\_

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

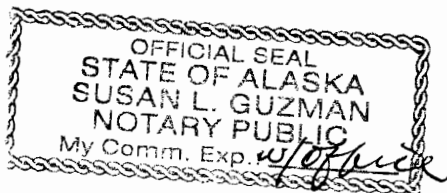
This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following good cause: (see reverse for definition of good cause) I recently moved to Soldotna in Oct 2011. I received my initial tax assessment this month and noted it was assessed \$100,000 over the purchase price and appraisal value. As a result, I looked online to pursue an appeal and noted I was eligible for a Disabled Vet Exemption, however it was already past the FURTHER AFFIANT SAITH NAUGHT. Filing date, therefore I am requesting a late submission.

Dated at at Soldotna, Alaska, this 30 day of March, 2012.

Mark Tornai  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 30 day of March, 2012.



Susan 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 \_\_\_\_\_



# DISABLED VETERAN EXEMPTION

2012

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 08 2012

KPB ASSESSING DEPT

SVOBODA COMMUNITY PROPERTY TRUST  
PO BOX 3289  
HOMER AK 99603-3289

Assessor's Parcel Number: **175-070-31**

Physical Address: 2103 STERLING HWY

Legal Description: T 6S R 14W SEC 23 Seward Meridian HM 2005103 R & V HOMESTEAD SUB LOT 1

Home Phone: <b>907-235-0608</b>	Applicants date of birth:	Spouses name: <b>SHIRLEY SVOBODA</b>
Cell Phone: <b>907-399-5104</b>		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 type="checkbox"/> No <input checked="" 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? <b>BETTY SVOBODA 1599 LEISURE WORLD, MESA AZ 85206</b>		

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2012 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.

**GRADY L. SVOBODA** *Grady L. Svoboda* **3/08/12**  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

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

\_\_\_\_ New Filing \_\_\_\_ Occupancy \_\_\_\_ Denied \_\_\_\_ Approved \_\_\_\_ Entered by:  
\_\_\_\_ Prior Filing \_\_\_\_ Ownership **90%** Disability \_\_\_\_ Full \_\_\_\_ Variable \_\_\_\_ Contig

**5/13/10**

AFFIDAVIT OF GRADY L. SVOBODA  
(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 MISUNDERSTOOD DATES I HEARD MARCH  
31, 2012. I DIDN'T REALIZE THE INITIAL  
DEADLINE WAS FEB 15. I WAS TRAVELING TO  
ANCHORAGE FOR ORAL SURVEY IN FEB.

FURTHER AFFIANT SAITH NAUGHT.

Dated at ~~SEASIDE~~, Alaska, this 8<sup>TH</sup> day of MARCH, 2012  
HOMER

Grady L. Svoboda  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 8<sup>th</sup> day of March, 2012

Lauretta B. West  
Notary Public, State of Alaska  
My Commission Expires: 6/19/12

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

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