



SENIOR CITIZEN EXEMPTION

2014



DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.
Proof of age is required prior to application approval.

Assessor's Parcel Number: 063-011-61

Legal Description:

Physical Address: 37245 JACOBSEN AVE

T 5N R 9W SEC 4 Seward Meridian KN 2002055 ARCHER SUB TRACT 2

MARY ARCHER
PO BOX 870
STERLING AK 99672-0870

RECEIVED
JUN 11 2015
KPBASSESSING DEPT

Applicant's date of birth: 11-24-42

Applicant's SSN: -

Home Phone: 907- -

Spouse's name: Deceased

Cell Phone: 907- -

Spouse's date of birth: -

I am applying as a:

☐ Senior age 65 and spouse ☐ Individual age 65 or older ☒ Surviving Spouse age 60 or older

Dwelling type:

☒ Single Family ☐ Multi-Family Dwelling
☐ Mobile Home ☐ Other
☐ Condominium

Is any portion of this property used for:

Commercial Use? ☐ Yes ☒ No
Rental Purposes? ☐ Yes ☒ No
Explain: -

Is occupancy shared with someone other than your spouse and / or minor children? ☐ Yes ☒ No

If yes, when did shared occupancy begin? -

What portion of the home do they occupy? -

If live-in care is medically necessary, attach letter from a physician recommending need for live-in care.

Do you or your spouse own property in another borough or state

☐ Yes ☒ No

Please list your other property address, city, & state

If yes, does the property receive exemption? ☐ Yes ☐ No

Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2015

Will you apply for the next Alaska Permanent Fund Dividend? ☒ Yes ☐ No What year will that be? 2016

Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form #1 or the application will be denied. (Supplemental forms are available at the Assessing Department or on-line.)

I CERTIFY: This property is my primary residence and permanent place of abode. I occupied it as my primary residence for a minimum of 185 days in the year prior to the year of this application. (If you do not meet this requirement, you must provide satisfactory evidence that you meet the statutory criteria for an allowable absence under AS 43.23.008.)

I hereby attest that the information above is true and correct to the best of my knowledge, and I will notify the borough assessing department if I do not meet this requirement in any future year for the duration of this exemption.

MARY L. ARCHER
PRINT OR TYPE OWNER NAME

Mary Archer
SIGNATURE

6/11/2015
DATE

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

NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG	DENIED		

revised 12/2014

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

RECEIVED

JUL 09 2015

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: Good cause means an inability to comply with the March 31 deadline that was caused by a serious condition or extraordinary event beyond the taxpayer's control. A serious condition or extraordinary event may include a serious medical condition or other similar serious condition or extraordinary event. (Absent extraordinary circumstances, a mere failure to pick up or read mail or to make arrangements for an appropriate and responsible person to pick up and read mail or a failure to provide a current address to the Department of Assessing will not be deemed good cause).

Please describe your serious medical condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).

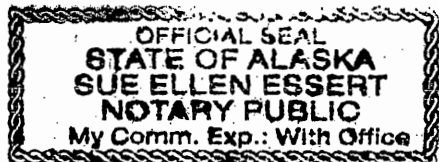
I didn't realize I had to file after my
husband passed away.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 9th day of July, 2015.

Mary Archer
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 9th day of July, 2015.



Sue Ellen Essert
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 _____

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

BUREAU OF VITAL STATISTICS
CERTIFICATE OF MARRIAGE

STATE FILE NUMBER: 2009-000566

GROOM'S NAME: EARLIE THOMAS ARCHER
GROOM'S RESIDENT STATE: ALASKA
GROOM'S DATE OF BIRTH:
GROOM'S PLACE OF BIRTH:

BRIDE'S NAME: MARY LEE BADGER
MAIDEN NAME: LEHEW
BRIDE'S RESIDENT STATE: ALASKA
BRIDE'S DATE OF BIRTH:
BRIDE'S PLACE OF BIRTH:

PLACE OF MARRIAGE: SOLDOTNA

DATE OF MARRIAGE: 02/12/2009

DATE FILED: 02/26/2009

DATE ISSUED: 03/10/2009

000576347

This is a true certification of fact on file in the BUREAU OF VITAL STATISTICS, DEPARTMENT OF
HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

Phillip L. Mitchell

State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

PINCO (Rev 11/08)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE