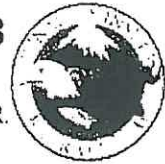




SENIOR CITIZEN EXEMPTION 2018



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.

Property ID (PIN): **165-650-39**
Physical Address: 64935 NIKOLAEVSK RD

Legal Description:
T 4S R 14W SEC 24 Seward Meridian HM 0800033 NIKOLAEVSK VILLAGE SUB NO 4 LOT 66

RECEIVED
APR 16 2018
NINA K KALEJNA-FEFELOV
DENNIS FEFELOV
PO BOX 5025
NIKOLAEVSK AK 99556-5025
KPB ASSESSING DEPT

Applicant's date of birth: _____
Applicant's SSN : _____

Home Phone: (907) _____

Spouse's name: Dennis Fefelov

Cell Phone: _____

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? N/A
What portion of the home do they occupy? N/A
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? Please list your other property address, city, & state.
 Yes No N/A

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? 2018
Will you apply for the next Alaska Permanent Fund Dividend? Yes No What year will that be? 2019
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.

Nina K. Kaleina-Fefelov Nina K. Fefelov 4/13/2018
PRINT OR TYPE OWNER NAME SIGNATURE DATE

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

NEW FILING	OCCUPANCY	AGE <u>AKDL</u>	FULL	VARIABLE	APPROVED	ENTERED BY <u>SBV</u>
PRIOR FILING	OWNERSHIP	PERM FUND <u>2018 yes</u>	CONTIG	DENIED	revised 12/2014	

RECEIVED

APR 16 2018

AFFIDAVIT OF Nina K. Kaleina-Fefelov

(Senior Citizen or Disabled Veteran Applicant Name)

KPB ASSESSING DEPT

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

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.

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). Failure to meet the filing deadline is based upon the following good cause:

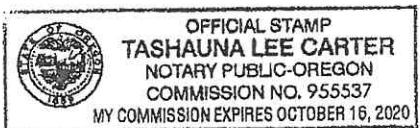
Please describe the serious condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).

My husband, Dennis Fefelov used to take care of things like this, and now he is on disability and does not **REDACTED** on or about 08/29/2012. My English is a second language and it's a barrier to paperwork and communication. I found a copy of disabled resident exemption signed by Dennis dated 10/16/2017 (attached). We don't know if it was mailed or lost in the mail do to medical condition. I am in Oregon today and will be home on 4/17/2018.
FURTHER AFFIANT SAITH NAUGHT.

Dated at April 13, 2018 ^{Oregon} ~~Alaska~~, this 13 day of April, 20 18
TC Clacamas, OR

Nina K. Fefelov
Applicant Signature

SUBSCRIBED AND SWORN to before me this 13th day of April, 20 18



Tashauna Carter
Notary Public
My Commission Expires: 10/16/2020

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

Assembly Action: APPROVED _____ DENIED _____



SENIOR CITIZEN EXEMPTION 2018



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.

Property ID (PIN): **065-041-23**

Legal Description:

Physical Address: 33410 MOCKINGJAY AVE

T 5N R 8W SEC 7 Seward Meridian KN 0000995 GATTEN SUB LOT 21



DEBORAH S POOLE
PO BOX 156
STERLING AK 99672-0156

RECEIVED
APR 9 2018
KPB ASSESSING DEPT

Applicant's date of birth:

REDACTED

Applicant's SSN:

Home Phone:

REDACTED

Spouse's name:

Leonard F. Poole, Jr.

Cell Phone:

Spouse's date of birth:

REDACTED

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? 2017

Will you apply for the next Alaska Permanent Fund Dividend? Yes No What year will that be? 2018

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.

Deborah S Poole Deborah Poole

PRINT OR TYPE OWNER NAME

SIGNATURE

4.9-2018

DATE

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

ISB^{no}V

NEW FILING	OCCUPANCY	AGE AKDL	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP 7.13.05	PERM FUND 2017 yes	CONTIG		DENIED	

revised 12/2014

RECEIVED

APR 9 2018
KPB ASSESSING DEPT

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

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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Please describe the serious 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).

Medical - Surgery Several Times - **REDACTED**

Husband has had the flu for over 2 wks. _____

Started July 2017 at **REDACTED** _____

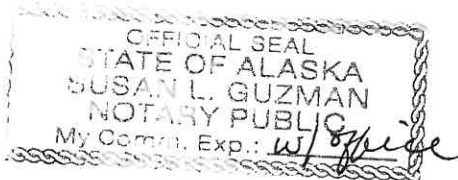
So three times a week. Had 'S' Surgery in 9 yrs (2009)

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 9 day of 4, 2018

Deborah Poole
Applicant Signature

SUBSCRIBED AND SWORN to before me this 9th day of April, 20 2018



Susan Guzman
Notary Public
My Commission Expires: w/office

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

Assembly Action: APPROVED _____ DENIED _____

AFFIDAVIT OF

Arney C Snook
(Senior Citizen or Disabled Veteran Applicant Name)

131-370-03

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

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.

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). Failure to meet the filing deadline is based upon the following good cause:

Please describe the serious 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 Have Been in bed. We Trained in Twice
Faxed once Then Hand Delivered Second
Time when we got another Notice I Have had

REDACTED

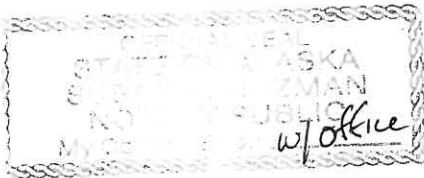
REDACTED

FURTHER AFFIANT SAITH NAUGHT. **REDACTED**

Dated at Soldotna, Alaska, this 3rd day of May, 20 18

Arney C Snook,
Applicant Signature

SUBSCRIBED AND SWORN to before me this 3rd day of May, 20 2018



Jessie Guyman
Notary Public
My Commission Expires: w/office

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

Assembly Action: APPROVED _____ DENIED _____

REDACTED

13



Department Of Veterans Affairs
3333 North Central Ave
Phoenix, AZ 85012



March 06, 2018

ARNEY SNOOK
33948 CHERRY CIR
SOLDOTNA AK 99669

RECEIVED

In Reply Refer To:

REDACTED

APR 4 2018

KPB ASSESSING DEPT

Snook A C

Dear Arney C Snook,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is:
You are the Veteran.

REDACTED

Military Information

The character(s) of discharge and service date(s) of the veteran include:
Honorable, Marine Corps, 02/07/1994-02/01/1995
(There may be additional periods of service not listed above)

VA Benefits Information

Service-connected disability: Yes

Your combined service-connected evaluation is: 70%

Your current monthly award amount is: REDACTED

Are you entitled to a higher level of disability due to being unemployable: No

Are you considered to be totally and permanently disabled due to your service-connected disabilities:

No

Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.