

# LATE FILER

## SENIOR CITIZEN EXEMPTION

2020

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.



PIN: 06548060



MOORE MARK & LORETTA LIVING TRUST  
PO BOX 11  
STERLING AK 99672-0011

RECEIVED

APR 27 2020

Physical Address: 39511 BALDERDASH RD

39531 " " "

Legal Description: T 5N R 8W SEC 5 Seward Meridian KN  
2018050 VEIL O' MIST NO 17 TRACT D

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Spouse's Name: Loretta J. Moore

Applicant's Date of Birth: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

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: SEE TYPED OUT LETTER

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 a 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 an exemption? ☐ YES ☐ NO

Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2019

Will you apply for the next Permanent Fund Dividend? ☒ YES ☐ NO

What year will that be? 2020

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.

MARK & LORETTA MOORE LIVING TRUST

Mark B. Moore - Trustee

4/23/2020

PRINT OWNER NAME

SIGNATURE

DATE

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

TSBV

NEW FILING	OCCUPANCY	AGE <u>AKD</u>	FULL	VARIABLE <input checked="" type="checkbox"/>	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP <u>10-31-18</u>	PERM FUND <u>2020 yes.</u>	CONTIG		DENIED	

**AFFIDAVIT OF** MARK B. MOORE (Trustee)  
(Senior Citizen or Disabled Veteran Applicant Name)  
**AND APPLICATION FOR APPROVAL OF LATE FILING**  
**FOR SENIOR CITIZEN OR DISABLED VETERAN EXEMPTION**

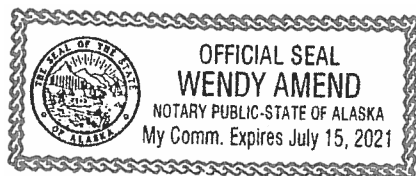
This application is made pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax - Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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).**

RETIREMENT DATE WAS 4/1/2020 - DURING THIS TIME  
WAS GETTING MY RETIREMENT AFFAIRS INTO ORDER. THEN  
THE COVID-19 HIT. NOT SURE IF I ~~WAS~~ OR MY FAMILY  
WOULD LIVE, BEING SHELTERED IN PLACE, ALL OTHER  
THINGS DIDN'T SEEM TO MATTER. SO GETTING THIS TURNED IN ON  
FURTHER AFFIANT SAITH NAUGHT. TIME DIDN'T HAPPEN.

Dated at SOLDOTNA, Alaska, this 24 day of APRIL, 2020.



Mark B Moore Trustee  
MARK & LORETTA MOORE LIVING TRUST  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 24 day of April, 2020

Wendy Amend  
Notary Public

My Commission Expires: 07-15-2021

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

**Assembly Action:**

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

# LATE FILER

## SENIOR CITIZEN EXEMPTION

2020

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.



PIN: 19207732

19207734

RECEIVED

Physical Address: 194 BAY ST



APR 27 2020

WALTER L MARTIN  
PO BOX 27  
SELDOVIA AK 99663-0027

KPB ASSESSING DEPT.

Legal Description: T 8S R 14W SEC 32 Seward Meridian SL  
0920008 SELDOVIA TOWNSITE US SURVEY 1771 VACATION  
REPLAT SUB LOT 2 BLK 32 ST

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Applicant's Date of Birth: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

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 a letter from a physician recommending need for live-in care.

Do you or your spouse own property in another Borough or State?

☒ YES \_\_\_\_\_ NO

If YES, does the property receive an exemption? \_\_\_\_\_ YES ☒ NO

Please list your other property address, city & state:

1103 N Hyde St 99701 NO  
Truth or Consequences N.M. EX

### Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? ~~2019~~ 2020

Will you apply for the next Permanent Fund Dividend? ☒ YES \_\_\_\_\_ NO What year will that be? 2021

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.

Walter L. Martin

PRINT OWNER NAME

SIGNATURE

April 23 - 20

DATE

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

ISB

NEW FILING	OCCUPANCY	AGE AKDL	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP 4-15-16	PERM FUND 2020 YES.	CONTIG		DENIED	

## AFFIDAVIT OF

Walter L Martin

(Senior Citizen or Disabled Veteran Applicant Name)

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

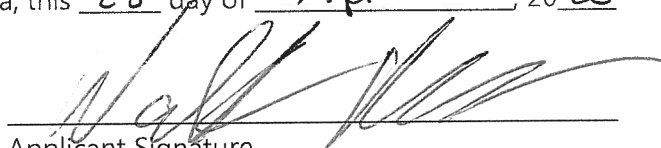
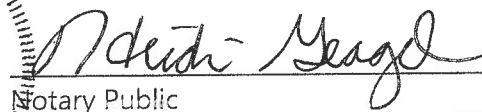
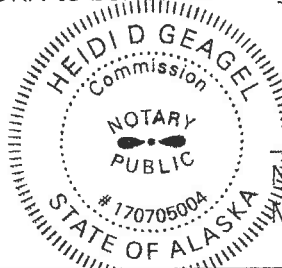
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Please describe the serious condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).

I was dealing with [REDACTED]  
[REDACTED] + also the  
Covid-19 pandemic

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 23 day of April, 2020  
Applicant SignatureSUBSCRIBED AND SWORN to before me this 23 day of April, 2020  
Notary PublicMy Commission Expires: With Term

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

Assembly Action:

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

RECEIVED

MAY 07 2020

KPB ASSESSING DEPT.  
2020

## SENIOR CITIZEN EXEMPTION

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.



PIN: 05929040

Physical Address: 136 LEIBROCK CIR

RICHARDS SUZANNE DECLARATION OF TRUST  
136 LEIBROCK CIR  
SOLDOTNA AK 99669-7545Legal Description: T 5N R 10W SEC 29 Seward Meridian KN  
0830125 PARKWOOD SUB NO 4 LOT 11 BLK 9

Cell Phone: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Spouse's Name: N/ASpouse's Date of Birth: N/ASpouse's SSN: N/AI am applying as a: ☒ Senior age 65 and spouse ☐ 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 a letter from a physician recommending need for live-in care.

Do you or your spouse own property in another Borough or State? ☐ YES ☒ NOIf YES, does the property receive an exemption? ☐ YES ☐ NO

Please list your other property address, city &amp; state: \_\_\_\_\_

## Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2020Will you apply for the next Permanent Fund Dividend? ☒ YES ☐ NO What year will that be? \_\_\_\_\_

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.)

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PRINT OWNER NAME

Suzanne Richards

SIGNATURE

6 May 2020

DATE

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

ISBV

NEW FILING	OCCUPANCY	AGE <u>B/C</u>	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND <u>2020 yes</u>	CONTIG		DENIED	

RECEIVED  
MAY 07 2020  
KPB ASSESSING DEPT.

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

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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).**

From February 21-March 11 - I was a passenger on the Grand Princess Cruise ship. Our entire ship was put under quarantine by the CDC after a former passenger succumbed to Covid 19 on March 2<sup>nd</sup>. After disembarking (San Diego, CA) the cruise ship I was put in quarantine at MiraMar Marine base until March 26<sup>th</sup>. I arrived back at my Soldotna residence March 27<sup>th</sup> - and was immediately put in another 14 day quarantine, per Alaska State Mandate until April 10, 2020.

Dated at Soldotna, Alaska, this 7 day of May, 2020

Suzanne Richards  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 7 day of May, 2020



Molly Green  
Notary Public  
My Commission Expires: 9.29.2020

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

**Assembly Action:**

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_