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

Physical Address: 39511 BALDERDASH RD

MOORE MARK & LORETTA LIVING TRUST VED MOORE MARK & LORETTA LIVING TRUST VED PO BOX 11 STERLING AK 99672-0011 APR 2 7 2020 Home Phone: Spouse's Name: Applicant's Date of Birth: Applicant's SSN: I am applying as a: Senior age 65 and spouse Individual age 65 or older Surviving spouse age 60 Dwelling Type: Single Family Multi-Family Dwelling Mobile Home Other Condominium Is occupancy shared with someone other than your spouse and/or minor children? If yes, when did shared accupancy 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? If yes, does the property receive an exemption? YES Applicant's What portion of the home do they accupy? YES NO If YES, does the property receive an exemption? When was the last year you applied for the Alaska Permantent Fund Dividend? Will you apply for the next Permanent Fund Dividend? Applicants who do not receive an Alaska Permantent Fund Dividend? Applicants who do not receive an Alaska Permantent Fund Dividend? Applicants who do not receive an Alaska Permantent Fund Dividend Pendermant roughles by the Asserting Department of Continuation of the part of the Alaska Permantent Fund Dividend Pendermant of Continuation of the part of the Alaska Permantent Fund Dividend Pendermant Continuation of the part of the Alaska Permantent Fund Dividend Pendermant Pend	or older NO NO					
Applicant's Date of Birth: Applicant's Source's Name: Applicant's Son: Applicant's SSN: Spouse's Date of Birth: Applicant's SSN: I am applying as a: Left: Applicant's SSN: I am applying as a: Left: Spouse's SSN: Is any portion of this property used for: Commercial Use? YES NET TYPES OFT Left: Is occupancy shared with someone other than your spouse and/or minor children? YES 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? Please list your other property address, city YES NO If YES, does the property receive an exemption? YES NO Alaska Permanent Fund Eligibility When was the last year you applied for the Alaska Permantent Fund Dividend? Will you apply for the next Permanent Fund Dividend? Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form	or older NO NO					
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I am applying as a: X Senior age 65 and spouse Surviving spouse age 60	NO NO +2/2					
Individual age 65 or older	NO NO +2/2					
Single Family Multi-Family Dwelling Commercial Use? YES X _	+ E/2					
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Alaska Permanent Fund Eligibility When was the last year you applied for the Alaska Permantent Fund Dividend? 2019 Will you apply for the next Permanent Fund Dividend? YES NO What year will that be? 2 Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form	& state:					
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Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form						
Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form	Will you apply for the next Permanent Fund Dividend? X YES NO What year will that be? 2020					
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 185 days in the year prior to the year of this application. (If you do not meet this requirement, you must provide satisfactory evice you meet the statutory criteria for an allowable absence under AS 43.23.008.) I hereby attest that the information above is true to the best of my knowledge, and I will notify the borough assessing department if I do not meet this requirement in any future you duration of this exemption.	and correct					
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FRINI OWNER NAME	920					
**** ASSESSOR'S USE ONLY **** NEW FILING OCCUPANCY LAGE / FUIL VARIABLE APPROVED ENTERED	920					
NEW FILING OCCUPANCY AGE FULL VARIABLE APPROVED ENTERED	920 E					
PRIOR FILING OWNERSHIP PERM FUND CONTIG DENIED	920 E					
10.31.18 2020 485.	920 E					

AFFIDAVIT OF MAPK 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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. <u>Real Property Tax - Exemptions - Senior Citizens</u>, <u>Disabled Veterans and surviving spouses thereof</u>.

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. Their Would Live, Beings SHeltgred IN Place, All Ottor THINGS Choult Seem to MATTER. So getting this Turnd IN ON FURTHER AFFIANT SAITH NAUGHT. Time didn't HAPpen Dated at SoldoTNA , Alaska, this 24 day of APRIL , 2020 Mark B! Moore TrusTee WENDY AMEND
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires July 15, 2021 OFFICIAL SEAL MARKA for HA Moone LIVING TOUST Applicant Signature SUBSCRIBED AND SWORN to before me this $\frac{34}{2}$ day of $\frac{4}{2}$ Notary Public My Commission Expires:

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

APPROVED _____

DENIED

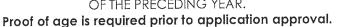
Assembly Action:

6.7 1 3 5

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.





PIN: 19207732 🛨 19207734

RECEIVED

Physical Address: 194 BAY ST

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APR 2 7 2020

Legal Description: T 8S R 14W SEC 32 Seward Meridian SL 0920008 SELDOVIA TOWNSITE US SURVEY 1771 VACATION

PO BOX 27 SELDOVIA AK 99663-0020PB ASSESSING DEPT, REPLAT SUB LOT 2 BLK 32 ST Home Phone: __ Spouse's Name: Cell Phone: Spouse's Date of Birth: Applicant's Date of Birth: Spouse's SSN:_ Applicant's SSN: _ Senior age 65 and spouse I am applying as a: Surviving spouse age 60 or older Individual age 65 or older Is any portion of this property used for: Dwelling Type: NO YES Commercial Use? _ Multi-Family Dwelling Single Family Rental Purposes? YES Mobile Home Other Explain: _ Condominium Is occupancy shared with someone other than your spouse and/or minor children? YES If ves, 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? | Please list your other property address, city & state: V YES If YES, does the property receive an exemption? Alaska Permanent Fund Eligibility When was the last year you applied for the Alaska Permantent Fund Dividend? 2020 What year will that be? 202 Will you apply for the next Permanent Fund Dividend? YES ___ NO 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. SIGNATURE PRINT OWNER NAME **** ASSESSOR'S USE ONLY **** APPROVED ENTERED BY VARIABLE OCCUPANCY **NEW FILING** age

DENIED CONTIG **OWNERSHIP** PERM FUND PRIOR FILING 2020 465 4.15.16

AFFIDAVIT OF Water L Mart.

(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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. Real Property <u>Tax - Exemptions - Senior Citizens</u>, <u>Disabled Veterans and surviving spouses thereof.</u>

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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).

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		+ also The
Covid 19	pandemic	
FURTHER AFFIANT SAITH	NAUGHT.	
Dated at Seldovin	Alaska, this <u>73</u> day	of April 20 Zu
	Applicant Signat	ure
SUBSCRIBED AND SWORI	N to before me this <u>ZZ</u> day of	April , 20 70
THIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PUBLIC Fotary Public No. 170705000 ST. My Commission	Expires: With Term ce will be forwarded to the Assembly by the Mayor's Office.
Exemption applications submi	tted for consideration for late-file acceptance	ce will be forwarded to the Assembly by the Mayor's Office.
Assembly Action:	APPROVED	

MAY 07 2020

KPB ASSESSING DEPT.

PIN: 05929040

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	Phy	ysical Address: 136	LEIBROCK CIR		
կիդովլիլերեկերկան ականական հայարան RICHARDS SUZANNE DECLARA 136 LEIBROCK CIR	ATION OF TRUST Leg 0830	al Description: T 5N R 10W S D125 PARKWOOD SUB NO	EC 29 Seward Meridian KN 4 LOT 11 BLK 9		
SOLDOTNA AK 99669-7545	Hor	me Phone:			
	Spc	ouse's Name:/V/	a		
Cell Phone:			<u> </u>		
Applicant's Date of Birth:	Spc	ouse's Date of Birth:	19		
	SpqS	ouse's SSN:N/a			
Applicant's SSN:	-int ago 45 and should	è			
I am applying as a:	dividual age 65 or olde	er Survivi	ng spouse age 60 or older		
	ls c	any portion of this prope	Hilly naged for.		
Dwelling Type: Single Family Multi-Family D		ommercial Use?	YES X NO		
	Re	ntal Purposes?	YES X NO		
	Exp	olain:			
Condominium Is occupancy shared with someone other that	n your spouse and/or m	ninor children?	YES X NO		
Is occupancy shared with someone other mo	il your spoots				
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? Please list your other property address, city & state:					
De veu or your spouse own property in anoth	er Borough or State? Ple	ease list your other prop	berry address, city & state.		
YES NO			•		
If YES, does the property receive an exemption?	YESNO				
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1	Alaska Permantent Fun	nd Dividend? <u>2020</u>			
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Will you apply for the next Permanent Fund	Dividendy ZZ 120	nd must complete KPB	Supplemental Form #1 or the		
Applicants who do not receive an Alaska P	ermanerii ford birtadi	the Assessing Departm	ient or on-line.)		
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I CERTIFY: This property is my primary residence of 185 days in the year prior to the year of this application of the statutory criteria for an allowable above meet the statutory criteria for an allowable above meet the statutory criteria and living party the b	ation. (If you do not meet th	is requirement, you must protect that the info	ormation above is true and correct		
you meet the statutory chiefly for any will notify the b	orough assessing departme	ent it I do not theer mis requ	virement in any tuture year to the		
to the best of my knowledge, and I will follow to the best of my knowledge, and I will follow the duration of this exemption,	Plan	do			
Suzanne Richards Stige	signatur	E	6 May 2020		
	SIGNATUR		15BV		

FULL

CONTIG

VARIABLE

APPROVED

DENIED

PERM FUND

2020 4e.

OCCUPANCY

OWNERSHIP

NEW FILING

PRIOR FILING

ENTERED BY

AFFIDAVIT OF Suzanne Richards

(Senior Citizen or Disabled Veteran Applicant Name)

MAY 0 7 2020

KPB ASSESSING DEPT.

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).

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 guarantine by the CDC after
a former passenger succumbed to Covid 19 on March 200. After disembarking
the cruise ship I was put in quarantine at Mira Mar Marine base until March 26th
the cruise Ship I was put in quarantine at Mira Mar Marine base until March 26th. I arrived back at my Soldotha residence March 27th - and was immediately FURTHER AFFIANT SAITH NAUGHT. put in another 14 day quarantine per Alaska State Mandate until
Dated at Soldotna, Alaska, this 7 day of May, 2020 April 10, 2020
Applicant Signature
SUBSCRIBED AND SWORN to before me this day of
OFFICIAL SEAL MOLLY GREEN NOTARY PUBLIC-STATE OF ALASKA My Comm. Expires 9/29/2020 My Commission Expires:
Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly by the Mayor's Office.

APPROVED _____

Assembly Action: