

RECEIVED

JUL 13 2020

SENIOR CITIZEN EXEMPTION

KPB ASSESSING DEPT

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.



ALASKA DEPARTMENT OF ASSESSING AND TAXATION

PIN: 15959046 -house (Primary)
159-590-57 Conex, drive

Physical Address: 65601 GREENTREE AVE

OLSEN GREGORY & RONNA REVOCABLE TRUST
2017
PO BOX 39215
NINILCHIK AK 99639-0215

Legal Description: 1 25 R 14W SEC 2 Seward Meridian HM
G860015 FAIRWOOD SUB 1985 ADDN PT 2 101 56

Cell Phone: 907-

Home Phone:

Spouse's Name: Gregory P Olsen

Applicant's Date of Birth: Spouse's Date of Birth:

Applicant's SSN: Spouse's SSN:

I am applying as a: [X] Senior age 65 and spouse
Individual age 65 or older Surviving spouse age 60 or older

Dwelling Type: [X] Single Family Multi-Family Dwelling
Mobile Home Other
Condominium
Is any portion of this property used for:
Commercial Use? YES [X] NO
Rental Purposes? YES [X] NO
Explain:

Is occupancy shared with someone other than your spouse and/or minor children? YES [X] 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?
[X] YES [] NO

Please list your other property address, city & state:
6730 Eileen Cir Anchorage AK 99517 NO EXX
8738 West 41st Ave Anch. AK NO EXX
19777 N Los Altos Way Surprise AZ 85374 NO EXX
438 S. Kihel Rd Kihel, HI 96753 NO EXX

If YES, does the property receive an exemption? YES [X] 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? [X] 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.

Ronna Lyn Olsen
PRINT OWNER NAME

Ronna Lyn Olsen
SIGNATURE

7/13/20
DATE

ASSessor's USE ONLY

Table with columns: NEW FILING, OCCUPANCY, AGE, FULL, VARIABLE, APPROVED, ENTERED BY, PRIOR FILING, OWNERSHIP, PERM FUND, CONTIG, DENIED. Includes handwritten entries like 'AKDL', '2019 yes', and '15BN'.

AFFIDAVIT OF 159-590-46 & 159-590-51
(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).

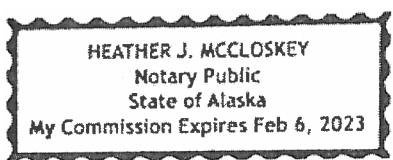
PLEASE SEE ATTACHED LETTER FROM MAYO
CLINIC.

FURTHER AFFIANT SAITH NAUGHT.

Dated at _____ Alaska, this 13th day of July, 20 20

Ronna R. Olson
Applicant Signature

SUBSCRIBED AND SWORN to before me this 13 day of July, 20 20



Heather J. McCloskey
Notary Public
My Commission Expires: 2.6.2023

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

Assembly Action: APPROVED _____ DENIED _____