

**AFFIDAVIT OF SURVIVING SPOUSE OF DISABLED VETERAN
FOR PROPERTY TAX EXEMPTION
PURSUANT TO NEVADA REVISED STATUTE 361.091(6)**

For Assessor Use Only:	System#:
Name: _____	_____
Date Received: _____	Received by: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (six months minimum or possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption as a surviving spouse of a disabled veteran, and that I have not claimed this exemption in any other county in the State of Nevada.

A person who is a surviving spouse is entitled to **1,250** assessed value for the 2014/2015 fiscal year plus:
Assessed Value has been adjusted according to C.P.I. per NRS 361.080

A person who is the surviving spouse of a veteran who had a permanent service-connected disability of 60% or greater is entitled to an exemption for the 2014/2015 fiscal year as follows:
 100% permanent service-connected disability **25,000** assessed value
 80% to 99% permanent service-connected disability **18,750** assessed value
 60% to 79% permanent service-connected disability **12,500** assessed value

Any person who qualifies for a disabled veteran exemption is not entitled to a veteran exemption under NRS 361.090

A surviving spouse is not entitled to this exemption in any fiscal year beginning after his/her remarriage, even if the remarriage is later annulled.

I wish to apply my exemption to:

*Assessed Values listed above have been adjusted according to C.P.I. per NRS 361.091
(If choosing more than one, please split the amount for each, not to exceed the total assessed value)*

Real Property for Assessor Parcel Number (APN): _____
To apply your exemption to your real property tax bill, you must return the affidavit by June 15th prior to the start of the fiscal year. Each fiscal year runs from July 1 to June 30. CC: RP

DMV/Governmental Services Tax (*when registering a vehicle you own*)

Manufactured/Mobile Home, Aircraft or Business Personal Property for personal property identification number: _____

Documents required for this exemption include a photocopy of your Nevada Driver's License or Identification card, a copy of your spouse's death certificate, a photocopy of your spouse's discharge document (DD214) indicating **honorable** discharge, date of entry and discharge date, and a certificate from the Department of Veterans Affairs, or any other military document, which shows that the person incurred a permanent service-connected disability and the total percentage of that disability.

Note: This document must be signed before a Notary Public or a staff member of the Assessor Office
A person who files a false affidavit or produces false proof to the County Assessor and obtains an exemption is guilty of a gross misdemeanor.

Print Full Name: _____	Date: _____
Mailing Address: _____	Name of Spouse: _____
City State Zip: _____	Date of Death: _____
Phone: _____	Percent Disabled: _____
Signature: _____	

STATE OF NEVADA
 COUNTY OF _____

On this ____ day of _____, _____ personally appeared before me, a Notary Public _____ personally known or proven to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument. WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:
 Michael E. Clark, Washoe County Assessor, Public Service Counter, PO Box 11130, Reno, NV 89520-0027