

**B. EXEMPTION STATUS.** Check the status that applies to you and complete the questions that follow.

SURVIVING SPOUSE

Deceased Spouse's Name \_\_\_\_\_

Date of Death \_\_\_\_\_

Have you remarried? Yes  No

If yes, date of remarriage \_\_\_\_\_

MINOR WITH PARENT DECEASED

Deceased Parent's Name \_\_\_\_\_

Date of Death \_\_\_\_\_

(If first year of application, attach copy of death certificate.)

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty? Yes  No

**IF NO, GO ON TO SECTION C.**

If yes, and this is the first year of your application, provide circumstances of death.

\_\_\_\_\_  
 \_\_\_\_\_

**GO ON TO SECTION D.**

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.** Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____

**PERSONAL ESTATE:**

**Bank Accounts:**

Name and Address of Bank	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Stocks, Bonds, Securities, Etc.**

Description and Amount	
_____	_____
_____	_____

**Motor Vehicles and Trailers**

Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____

**Other Non-Exempt Personal Property**

Kind	Description	
_____	_____	_____

**TOTAL** \_\_\_\_\_

**D. SIGNATURE.** Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
 Your Signature \_\_\_\_\_  
 Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.