



CARSON CITY ASSESSOR'S OFFICE
201 N. CARSON ST., STE #6
CARSON CITY, NV 89701
(775) 887-2130

SURVIVING SPOUSE
Application for Personal Exemption

NAME: _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
EMAIL: _____

1. I established actual bona fide residency in the State of Nevada per NRS 361.015. **Initial:** _____
2. I understand my application for exemption must be filed in the county in which I reside. **Initial:** _____
3. I have not claimed an exemption in any other county in Nevada for the current fiscal year. **Initial:** _____
4. I understand that I must immediately report any change of mailing or physical address to the Carson City Assessor's Office. **Initial:** _____
5. My late husband's/wife's name was: _____. He/she died on _____.
6. We were not divorced at the time of his/her death, and I have not remarried. **Initial:** _____

_____ I claim a **Widow(er) Exemption** exempting property in Carson City from Taxation under the provisions of NRS 361.080. **2019/2020 assessed valuation amount is \$1,400 which corresponds to \$56.00 off the governmental service tax.**

_____ Plus, I claim the **Disabled Veteran Exemption** in the same amount my husband/wife was (or would have been) eligible for per NRS 361.091.6. I was married to and living with my husband/wife for the 5 (five) years preceding his/her death. I am furnishing proof of his/her percentage of permanent service-connected disability and honorable discharge or satisfactory service.

2019/2020: _____ (100% permanent service connected disability) \$28,000 (AV) = (\$1,120.00 DMV).
 _____ (80-99% permanent service connected disability) \$21,000 (AV) = (\$840.00 DMV).
 _____ (60-79% permanent service connected disability) \$14,000 (AV) = (\$560.00 DMV).

7. I request my exemption be applied as follows:

_____ Motor Vehicle Governmental Service Tax Benefit: for fiscal year _____.
 _____ Real Property tax roll, Parcel No. _____ for fiscal year _____.
 _____ Mobile Home tax roll, Acct. No. _____ for fiscal year _____.
 _____ Personal Property tax roll, Acct. No. _____ for fiscal year _____.

8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Witnessed By: _____ Gave voucher: _____ Send voucher: _____