



**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. We were not divorced at the time of his/her death, and I have not remarried. **Initial:** \_\_\_\_\_
6. My late husband's/wife's name was: \_\_\_\_\_ . He/she died on \_\_\_\_\_ .

\_\_\_\_\_ I claim a **Widow(er) Exemption** exempting property in Carson City from Taxation under the provisions of NRS 361.080. **2024/2025 assessed valuation amount is \$1,720 which corresponds to \$68.00 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.

**2024/2025:** \_\_\_\_\_ (100% permanent service connected disability) \$34,400 (AV) = (\$1,376.00 DMV).  
 \_\_\_\_\_ (80-99% permanent service connected disability) \$25,800 (AV) = (\$1,032.00 DMV).  
 \_\_\_\_\_ (60-79% permanent service connected disability) \$17,200 (AV) = (\$688.00 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: \_\_\_\_\_