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: _____
MAILING ADDRESS: _____
_____
_____
CITY & STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____

1. I established actual bona fide residency in the State of Nevada (must have a current Nevada Driver's License or a Nevada Identification Card).

2. I understand my application for exemption must be filed in the county in which I reside.
   I presently reside at: _____.

3. I have not claimed an exemption in any other county in Nevada for the current fiscal year.

4. I understand that I must immediately report any change of address to the Carson City Assessor's Office.

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

6. The assessed valuation is adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index (all items) from July 2003 to the July preceding the fiscal year for which the adjustment is calculated.

   _____ I claim a **Widow(er)** exemption exempting property in Carson City from Taxation under the provisions of NRS 361.080. **2014/2015 assessed valuation amount is $1,250 which corresponds to $50.00 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.

   2014/2015: _____ (100% permanent service connected disability) $25,000 (AV) = ($1000.00 DMV).
   _____ (80-99% permanent service connected disability) $18,750 (AV) = ($750.00 DMV).
   _____ (60-79% permanent service connected disability) $12,500 (AV) = ($500.00 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: _____