

SURVIVING SPOUSE (WIDOW/WIDOWER)

(775) 847-0961 Phone
(775) 847-0904 Fax

Application for Personal Exemption

Assessor@StoreyCounty.org

NAME OF APPLICANT:	
NAME OF SPOUSE:	
MAILING ADDRESS:	
CITY, STATE & ZIP:	
PHONE NUMBER:	

1. I established actual bona fide residency in the State of Nevada (must have current Nevada Driver's License or a Nevada Identification Card), and have provided a copy of the Death Certificate.
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 address change to the Storey County Assessor.
5. The date my spouse deceased was . I understand that I must submit a copy of the certified death certificate and that I have not remarried.
6. I claim a Surviving Spouse Exemption under provisions of NRS 361.090.
 I am the Surviving Spouse of a Disabled Veteran Exemption and claim his/her benefit.
7. I request my exemption be applied as follows:
 - Motor Vehicle Governmental Service Tax Benefit
 - Real Property Tax Roll, Parcel No.
 - Mobile Home/Personal Property Tax Roll, Account No.
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: _____

Only original signatures will be accepted, no copies or faxes.