

## SURVIVING SPOUSE (WIDOW/WIDOWER)

(775) 847-0961 Phone

(775) 847-0904 Fax

### Application for Personal Exemption

<b>NAME OF APPLICANT:</b>	
<b>NAME OF SPOUSE:</b>	
<b>MAILING ADDRESS:</b>	
<b>CITY, STATE &amp; ZIP:</b>	
<b>PHONE NUMBER:</b>	

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.*

*Please note that this document must be signed in front of the County Assessor or a Notary Public in order to be legal.*

\_\_\_\_\_  
ASSESSOR OR NOTARY PUBLIC