



DOUGLAS COUNTY ASSESSOR'S OFFICE
1616 EIGHTH ST
PO BOX 218
MINDEN, NV 89423
775-782-9830 or FAX 775-782-9884

Widow or Widower's Exemption Application

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), and 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 change of address to the Douglas County Assessor's Office.
5. The date my spouse deceased was (MM/DD/YY) _____.
I understand that I must submit a copy of the certified death certificate and that 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.

I claim a **Widow/Widower Exemption** exempting property in Douglas County from Taxation under provisions of NRS 361.090. **2018/2019 deduction from assessed valuation is 1,350 or \$54 off the governmental service tax for DMV registration.**

I am the **Widow/Widower of a Disabled Veteran** and claim his/her benefit.

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: _____ Voucher received: _____ Send voucher: _____