Office of the Gila County Assessor

Joseph Williams, Assessor 1400 E. Ash Street Globe, AZ 85501 Payson Office: 928 472-7973 Globe Office: 928 402-8714

AFFIDAVIT FOR INDIVIDUAL EXEMPTION

Owner Name and Address:		Legal Description: (May be Incomplete)		
Tax Year:		Adjustment Type	e:	
Account Number:		Date Printed:		
Parcel Number:		Account Status:		
WIDOW/WIDOWER/DISABLED None of my children under 18 years of ag all sources of myself, my spouse, and any \$34,301 during the previous calendar yea At least one of my children, who is under me during the previous calendar year. The children residing with me did not exceed	of my children 18 year r. 18 years of age or who e total income from all s	was totally and permanently sources of myself, my spous	d with me did not exceed y disabled, resided with	
Spouse's Name:			Medical Certificate Date:	
Date of Death:		Residency Date:	•	
City and State of Death:		Residency City:		
Have you Remarried? Death Certificate Number:		Residency County Own Property in Another County?		
Divorced at time of Death?		If yes, in which county?		
Is part of the property an AZ Business?		Claim Exemption in Another County?		
If Yes, please list Business name and address:		Claim Exemptio	in in induction County.	
Account Number Parcel Number	Full Cash Value	Limited Property	LPV Assessed	Exempt Amount

I HEREBY CERTIFY THAT I HAVE READ All OF THE FOREGOING BEFORE SUBSCRIBING MY NAME HERETO. THAT THE MATTERS AND THINGS THEREIN STATED ARE ALL TRUE OF MY OWN KNOWLEDGE AND THAT MY PROPERTY'S TOTAL ASSESSED VALUE IN ARIZONA DOES NOT EXCEED \$27,970.

Property Owner/Agent Signature

Date

Deputy Assessor/Notary

My Commison Expires (Seal)

Left over for MVD