



AFFIDAVIT OF SURVIVING SPOUSE OF DISABLED VETERAN FOR PROPERTY TAX EXEMPTION

PURSUANT TO NEVADA REVISED STATUTES 361.080 & 361.091(6)

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (six months minimum or possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption as a surviving spouse of a disabled veteran under NRS 361.080 and NRS 361.091, and that I have not claimed this exemption in any other county in the State of Nevada.

A person who is a surviving spouse is entitled to an exemption of **1,670** assessed value for the **2023/2024** fiscal year, plus;

A person who is the surviving spouse of a veteran who had a permanent service-connected disability of 60% or greater, who was married to and living with the disabled veteran for the 5 years preceding their death and who has not remarried is entitled to an exemption as follows for the **2023/2024** fiscal year:

- 100% permanent service-connected disability **33,400** assessed value
- 80% to 99% permanent service-connected disability **25,050** assessed value
- 60% to 79% permanent service-connected disability **16,700** assessed value

Any person who qualifies for a disabled veteran exemption is not entitled to a veteran exemption under NRS 361.090.

A surviving spouse who has remarried is not eligible for this exemption.

I wish to apply my exemption to:

Assessed Value has been adjusted according to C.P.I. per NRS 361.080 & 361.091. If you wish to split your exemption for the **next fiscal year 2024/2025** between two or more usage types below, please check all boxes that apply. If one of the selections is DMV please indicate the dollar amount you would to have available for use at the DMV. Please note the deadlines to apply any portion of the exemption real property taxes listed below.

Real Property for Assessor Parcel Number (APN): _____

To apply your exemption to your real property tax bill, you must return the affidavit by June 15th prior to the start of the fiscal year or for property acquired between June 15 and June 30, a property owner has until July 5 to claim the exemption for the current fiscal year. Each fiscal year runs from July 1 to June 30. **Any applications received after these deadlines in which Real Property is selected, the exemption will be applied to the property taxes for the 2023/2024 fiscal year.**

CC: RP for **2024/2025**

DMV/Governmental Services Tax

You may apply the exemption to a vehicle registration with the Nevada Department of Motor Vehicles on a vehicle that you own that has a registration date due during the current fiscal year.

Exemption Card Printed

SPLIT EXEMPTION FOR FY 2024/2025: PLEASE SET ASIDE \$ _____ FOR USE AT THE DMV*

*ONLY COMPLETE THIS AMOUNT IF YOU ARE SPLITTING THE EXEMPTION BETWEEN DMV AND ANOTHER OPTION.

Manufactured/Mobile Home, Aircraft or Business Personal Property Account Number: _____

Documents required for this exemption include a photocopy of your Nevada Driver's License or Identification card, a copy of your spouse's death certificate, a photocopy of your spouse's discharge document (DD214) indicating **honorable** discharge, date of entry and discharge date, and a certificate from the Department of Veterans Affairs, or any other military document, which shows that the person incurred a permanent **service-connected** disability and the total percentage of that disability.

Note: This document must be signed before a Notary Public or a staff member of the Assessor Office

A person who files a false affidavit or produces false proof to the County Assessor and obtains an exemption is guilty of a gross misdemeanor.

Print Name: _____

Today's Date: _____

Mailing Address: _____

Phone Number: _____

City State Zip: _____

Name of Spouse: _____

Email Address: _____

Date of Marriage: _____

Signature: _____

Percent Service-Connected Disabled _____

STATE OF NEVADA
COUNTY OF _____

On this ___ day of _____, _____ personally appeared before me, a Notary Public _____ personally known or proven to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the instrument.

WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:

Chris S. Sarman, Washoe County Assessor, ATTN Public Service, 1001 E 9th St, Reno, NV 89512

For questions, call (775)328-2277 or email exemptions@washoecounty.gov.

For Assessor Use Only:	Exemption#:
Name: _____	_____
Date Received: _____	Received by: _____