

AFFIDAVIT OF SURVIVING SPOUSE FOR PROPERTY TAX EXEMPTION

PURSUANT TO NEVADA REVISED STATUTE 361.080

ACCT# _____

RCVD BY: _____

FY: _____

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

A surviving spouse is not entitled to the exemption in any fiscal year beginning after his/her remarriage, even if the remarriage is later annulled.

I wish to apply my exemption to: (Check Box Below)
(If choosing more than one, please split the amount for each, not to exceed the total of the Exemption.)

**Exempt
Amount**

☐	Real Property at the following location address or parcel number: _____	_____
☐	DMV/Governmental/Special Governmental Services Tax (When registering vehicle you own): _____	_____
☐	Manufactured Home or Personal Property at the following location address or Account#: _____	_____

To apply your exemption to your real property tax bill for July 1st, you must return the affidavit by June 15th. Please contact our office if you need assistance completing this form.

Please enclose a copy of your Nevada Driver's License or ID card and a copy of spouse's death certificate. If applying in person, please present documentation to staff for verification.

Note: This document must be signed before a Notary Public or in person at the Assessor's Office.

A person who files a false affidavit or proof and obtains an exemption is guilty of a gross misdemeanor.

Signature: _____

Name of Deceased Spouse: _____

Print full name: _____

Date Deceased: _____

Mailing Address: _____

Phone Number: _____

City, State & Zip Code: _____

Email Address: _____

Date: _____

STATE OF NEVADA
COUNTY OF _____

On this ____ day of _____, _____ personally appeared before me, a Notary Public _____ personally known or proven to me the person whose name is subscribed to the above instrument who acknowledged that ____ he executed the instrument. WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:

Churchill County Assessor's Office, 155 North Taylor Street, Suite 200, Fallon, NV 89406-2783