SD EForm - 1292 V11

PT 46A - APPLICATION FOR PARAPLEGIC VETERAN PROPERTY TAX EXEMPTIONS (SDCL 10-4-24.9, 10-4-24.10)

| Personal Information | | | | ====== | | |
|---|---|--|--|---------------------------------------|--|--|
| ACCURATION OF THE CONTRACT OF | NASSETT TO SET MAY CALL TRANSPORTATION OF A SECTION OF A | control of Quarkets - in the Quarkets reminded | merannansesancadaapsauransii kii sii yi 'i' 'i' rece | 11 C 400000000000 1 + 016 000000000 | TO COMPANIZACIONO CONTROLLA CONTROLL | |
| Last Name | Fire | First Name | | | Social Security Number | |
| | | | | | | |
| Mailing Address | d. d. t | County | | Telephone | | |
| ty State Z | | Zip Code | (month) | (month) (day) (y Birth Da | | |
| Parcel Number | | | | | | |
| Legal description of property for | which exem | ption is reques | ted | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| ELIGIBILITY | | | | | | |
| Are you a paraplegic or an individual with the loss or loss of use of both lower extremities? | | | | YES 📳 | NO 🔝 | |
| Is your home specifically designed as a wheel chair home? | | | | YES 💹 | NO 🔣 | |
| Did you own and occupy your home during the entire year of 2011? | | | | YES 🔝 | NO 🔝 | |
| Are you the un-remarried widow or widower of a qualified veteran? | | | | YES 🔣 | NO 🖭 | |
| have examined this claim and | it is correct to | o the best of my | knowledge. | | | |
| | | | | | | |
| Claimant's signature | imant's signature Date | | Prepa | arer's signa | ture | |
| | | | | Address | | |

PT 46A (12/11)

| VERIFICATION |
|---|
| TO BE COMPLETED BY MEDICAL DOCTOR |
| I hereby certify that the above individual is a paraplegic. I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities. |
| MD |
| Address TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICER REPRESENTATIVE Check One: |
| I certify that the above individual is a paraplegic veteran of the Armed Forces of the United States and the disability was service connected. |
| I certify that the above individual is a veteran of the Armed Forces of the United States and disability was non-service connected. OR I certify that the above individual is an un-remarried widow or widower of a qualified veteran |
| |
| Address |
| TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION |
| I hereby report I have investigated the statements made in the foregoing application as to the ownership and use of the property as of November 1, 20 Based on the investigation it is my recommendation that this property be declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization. |
| (Director of Equalization) |
| PT 46A (12/11) Original to Director of Equalization |