

This declaration to defer shall be filed before July 1 in the year in which the special assessment and/or real property taxes are payable. Present this executed affidavit to the County Assessor prior to July 1.

Any declaration to defer containing erroneous information concerning the character of the property and/or the amount of the special assessment for property as provided for in Chapter 5, I.C.W.

I hereby make declaration for deferral of special assessments and/or real property taxes on the following property for as Chapter 5, I.C.W., due and payable in the year shown below on the following property:

Claimant	This declaration to defer is for the
Address	Special assessment
	and/or real property taxes
LEGAL DESCRIPTION OF REAL PROPERTY	PARCELS NO.

MOBILE HOME DESCRIPTION & LOCATION

If the above descriptions contain more than one (1) mobile home, list each one below.

Section A

I DO ATTEST AS AFFIRM THAT:

- I am:
 - ☒ Retired from active employment.
- I am:
 - ☒ 62 years of age or older on or before January 1 of the year in which this assessment is payable.
 - ☒ At the time of filing physically disabled and a spouse, partner, child, grandchild, or other person of such disability.
- I own the residence on which the special assessments and/or real property taxes have been assessed upon which this declaration to defer is filed either as fee owner, joint tenant, tenant in common, or tenant in common.
- I have:
 - ☒ Regularly occupied, as a residence, the property upon which these assessments are payable for the two calendar years preceding the year in which this declaration is filed.
 - ☐ Occupied the property as a principal place of residence as of January 1 of the year in which this declaration to defer is filed, and have been a resident of the State of Washington for the last two calendar years preceding the year in which this declaration is filed.
- This residence is:
 - ☒ A single family dwelling.
 - ☐ A unit of a multi-unit dwelling.
 - ☐ A mobile home.
- The combined income for the preceding calendar year, from all sources whatsoever, including my spouse, is as shown below.

Social Security, Railroad Retirement and/or Federal Civil Service Retirement (use 2/3's only) 3513.20

Other retirement pay or pensions V.A. 317.40

Wages & unemployment payments 7107.00

Annuities 7172.00

TOTAL INCOME 2327.60

Capital gains, gifts and inheritances 7172.00

Disability payments 7172.00

Interest Income & Dividends 7172.00

Other Income 7172.00

Rental income (net) 7172.00

Does your property carry fire & casualty insurance on this property?

Policy No.

Amount of coverage

☐ Other

Section B

If the total area of the lot on which the house is located is less than one (1) acre, a lot into legal subdivisions with the exception that encompasses the residence and that does not contain more than one (1) acre.

Section C

For special assessment deferral the following information must be supplied.

	Special Assessment #1	Special Assessment #2
Total amount of assessment due		
Jurisdiction to whom the special assessment is paid		
Address		
Type of assessment or special assessment		
Use, (fill in special assessment nature)		
Notes		
Was the installment method considered for payment?	☐ Yes ☐ No ☐ Not available	☐ Yes ☐ No ☐ Not available

Section F

OWNERSHIP

(1) Name and address of mortgage or contract purchaser held by

617 2 21

Address of

Notary Public

If the express wording or terms of the mortgage, mortgage or deed or deed of trust, or the deed or deed of trust out of which the holder of the mortgage, mortgage or deed or deed of trust is derived is derived from Section B must be completed and attached to the holder of the mortgage, mortgage or deed of trust.

(2) If a Deed of Trust has been given for another party, give name and address.

Name

Address of the mortgage holder

(3) If Tenancy in Common, list other owners and percentage of interest.

770 2 21

Section G

AFFIRMATION OF CLAIMANT

I hereby affirm that I am aware that any deferred special assessments and/or other charges which are levied upon this property, this claimant and his and his heirs and assigns, shall be paid in full.

(1) Upon the sale of this property.

(2) Upon the death of the claimant, except that, upon the death of the claimant, the claimant's estate shall be liable for the payment of the same.

(3) Upon the death of the claimant, except that, upon the death of the claimant, the claimant's estate shall be liable for the payment of the same.

(4) At such time as the claimant's estate shall be liable for the payment of the same.

(5) Upon the failure of the claimant to pay the same, the claimant shall be liable for the payment of the same.

I further affirm that I am aware that any deferred special assessments and/or other charges which are levied upon this property, this claimant and his and his heirs and assigns, shall be paid in full.

Subscribed and sworn to before me this

day of

Notary Public for the State of

In and for the State of

Residing at

Section H

MORTGAGE CONTRACT PURCHASE PRICE, AND/OR OTHER CHARGES

The undersigned hereby certifies that the mortgage, mortgage or deed of trust, or the deed or deed of trust out of which the holder of the mortgage, mortgage or deed of trust is derived is derived from Section B must be completed and attached to the holder of the mortgage, mortgage or deed of trust.

☒ Required

☐ Not Required

Subscribed and sworn to before me this

day of

Notary Public for the State of

Notary Public for the State of

In and for the State of

Residing at

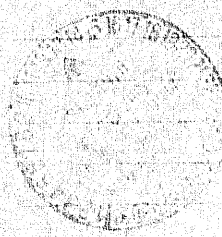
DECLARATION OF DEFERMENT

I, the undersigned, being a resident citizen of the United States, do hereby declare that the person named in the first section of this form is not a member of the Selective Training and Service Act of 1964.

Name of person deferred: John F. Kennedy
 Date of birth: 1917
 Address: 1000 North 17th Street, Arlington, Virginia
 Other: None

DECLARATION OF INFORMATION

I, the undersigned, being a resident citizen of the United States, do hereby declare that the person named in the first section of this form is not a member of the Selective Training and Service Act of 1964.



Unofficial Copy

MAILED IN
 JAN 1964
 RECEIVED
 CHARGED
 PAID

Section F

DEFINITIONS

(1) Name and address of mortgagee or contract purchaser, hereinafter referred to as "Mortgagee":

Name: _____ Address: _____

(2) If the above wording or terms of the contract, mortgage or deed is not sufficient to describe the property, the description of which the holder of this contract, mortgage or deed is claiming to have a property interest, be made complete and added here, and subject to the authority of the holder of this contract, mortgage or deed to vary:

(3) If the above is not sufficient to describe the property, the description of which the holder of this contract, mortgage or deed is claiming to have a property interest, be made complete and added here, and subject to the authority of the holder of this contract, mortgage or deed to vary:

(4) If the above is not sufficient to describe the property, the description of which the holder of this contract, mortgage or deed is claiming to have a property interest, be made complete and added here, and subject to the authority of the holder of this contract, mortgage or deed to vary:

Section G

AFFIDAVIT OF CONTRACT

I hereby affirm that the above is a true and correct copy of the contract, mortgage or deed, and that the same is subject to the authority of the holder of this contract, mortgage or deed to vary, and that the same is subject to the authority of the holder of this contract, mortgage or deed to vary.

(1) Upon the failure of the contract, mortgage or deed to be performed, the holder of this contract, mortgage or deed shall be entitled to the same benefits as if the contract, mortgage or deed had been performed.

(2) Upon the death of the holder of this contract, mortgage or deed, the same shall be subject to the authority of the holder of this contract, mortgage or deed to vary.

(3) Upon the termination of this contract, mortgage or deed, the same shall be subject to the authority of the holder of this contract, mortgage or deed to vary.

(4) At such time that the contract, mortgage or deed is subject to the authority of the holder of this contract, mortgage or deed to vary, the holder of this contract, mortgage or deed shall be entitled to the same benefits as if the contract, mortgage or deed had been performed.

(5) Upon the failure of the contract, mortgage or deed to be performed, the holder of this contract, mortgage or deed shall be entitled to the same benefits as if the contract, mortgage or deed had been performed.

I further affirm under the penalty of perjury that the above is a true and correct copy of the contract, mortgage or deed, and that the same is subject to the authority of the holder of this contract, mortgage or deed to vary.

Subscribed and sworn to before me on _____ day of _____, 19____.

Notary Public for _____ State of _____.

Residing at _____.

Section H

MORTGAGE, CONTRACT PURCHASE, DEED, OR OTHER INSTRUMENT

The undersigned hereby certifies that the above is a true and correct copy of the contract, mortgage or deed, and that the same is subject to the authority of the holder of this contract, mortgage or deed to vary.

☐ Required ☐ Not Required

Subscribed and sworn to before me on _____ day of _____, 19____.

Notary Public for _____ State of _____.

Residing at _____.

STATEMENT OF INFORMATION ON INTERVIEW

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts as the same are known to me, and that I am not aware of any other facts which might be material to the foregoing statement.

Subscribed and sworn to before me this _____ day of _____, 19____.

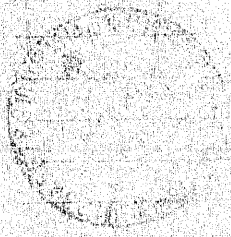
Signature of Interviewee: _____

Signature of Interviewer: _____

Signature of Agent: _____

Signature of Agent: _____

On this _____ day of _____, 19____, I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts as the same are known to me, and that I am not aware of any other facts which might be material to the foregoing statement.



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

DATE OF INTERVIEW: _____

TIME OF INTERVIEW: _____

PLACE OF INTERVIEW: _____

NAME OF INTERVIEWER: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

NAME OF AGENT: _____

