



Accomack County Virginia

REAL ESTATE TAX EXEMPTION APPLICATION FOR SURVIVING SPOUSE OF AN ARMED FORCES MEMBER THAT DIED IN THE LINE OF DUTY

Commissioner of the Revenue
Kimberly A Satterwhite
PO Box 186
23296 Courthouse Ave
Accomac, VA 23301

**** FOR OFFICE USE ONLY****		# of acres _____	Land Value all acres _____
Date _____	Acct# _____	Dwelling Value _____	
Parcel # _____		Combined Value _____	
Qualifies for Relief: <input type="checkbox"/> Yes <input type="checkbox"/> No		(Less acreage over) _____	
If No explain:		Total Value of Dwelling + 1 Acre _____	
		Amount Due _____	
		Amount of Relief _____	
		% of RELIEF _____	

REQUIRED DOCUMENTATION:

- The *surviving spouse* shall provide a Line of Duty determination indicating the date the member of the Armed Forces of the United States died in the line of duty.
- Surviving spouse must also provide a copy of their marriage certificate.
- Virginia Driver's License (with address of primary residence)

Name of Surviving Spouse (<i>Last, First, Middle Initial</i>)	Date of Birth	Social Security No.
Name of Member of Armed Forces (<i>Last, First, Middle Initial</i>)	Date of Death	
Name(s) as shown on real estate tax bill:		
Property Address for which tax exemption is being claimed (<i>Street Address, City, State, Zip Code</i>)		
Legal Ownership of Residence. List all co-owners of the property, if any.		
Is the above listed property the applicant's principal place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above listed property occupied by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (<i>if different from property address above</i>)	Home Phone	Alternate Phone
Are you currently receiving a real estate exemption in any other locality or state? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, list address of property:		

AFFIDAVIT

SURVIVING SPOUSE OF VETERAN:

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran, that I have presented to this office a Line of Duty determination from the U.S. Department of Defense confirming a date of death being on or after January 1, 2015, that I continue to occupy the above-listed physical address as my primary place of residence, and that I have not remarried.

I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

Signature of Surviving Spouse

Date