

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
**APPLICATION FOR EXEMPTION FOR SURVIVING SPOUSES
 OF ACTIVE MILITARY PERSONNEL WHO DIED IN THE LINE OF DUTY**

To be filed with the Supervisor of Assessments in the appropriate local office; a list of offices is attached.
 This form seeks information for the purpose of an exemption on the dwelling house of a surviving spouse of active military personnel who died in the line of duty. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

Full Name of Titled Owner(s): _____

Address of property: _____

Location and description of property Account Number:

Baltimore City	Ward:	Section:	Block:	Lot:
County:	District:	Map:	Block:	Parcel:

Subdivision: _____ Description: _____

Date Acquired: _____ Deed Reference: _____

Name of Deceased Military Personnel: _____ Date of Death: _____

I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this application (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete form and that I am the unremarried spouse of active duty military personnel who died in the line of duty.

Signature of Survivor: _____ Date _____

Print Name: _____ Email: _____

Full Address: _____ Phone _____

Social Security # _____ Claim Number _____

TO BE COMPLETED BY THE VETERANS ADMINISTRATION

Name of Active Military Personnel who Died in the Line of Duty: _____

The United States Veterans Administration hereby certifies that the above named individual died while in Active Military Service as a result of an injury or disease incurred in the line of duty.

Cause of Death: _____ Date of Death: _____

Signature of Adjudication/Service Officer _____ Date _____

THIS APPLICATION IS NOT OPEN FOR PUBLIC INSPECTION
 (FOR ASSESSMENT OFFICE USE ONLY)

Comments: _____

New Application [] Re-Application [] Code No. _____

Approved [] Disapproved [] Effective _____

Land	Improvements	Total
------	--------------	-------

Supervisor's Signature _____ Date _____