

**AFFIDAVIT FOR HOMESTEAD EXEMPTION
FOR 100% DISABLED VETERANS**

Pursuant to 2013 PA 161, Section 211.7b, MCL

An affidavit must be filed **ANNUALLY** between December 31
of the prior year and the close of the March Board of Review

State of Michigan
County of Marquette
City of Marquette
Year _____

I, _____, being duly sworn, deposes and claims to be a soldier or sailor who was discharged under honorable conditions with a service connected disability, and has provided proof of said disability in the form of a certificate from the United States Veteran's Administration, or its successor, certifying the soldier or sailor is 100% disabled, or is the un-remarried, surviving spouse of the qualified veteran. Deponent further claims to own and occupy as a homestead, property in the City of Marquette, County of Marquette, State of Michigan, described as follows:

Date homestead was acquired: _____

- Check if the certificate is on file (certificate must accompany first filling)
- Check if you are a qualified Veteran
- Check if you are the un-remarried, surviving spouse of a qualified veteran

Sign Here: _____

Address: _____

Sworn and subscribed to before me this ____ day of _____, year _____

Name of Notary _____
Print Name Notary Signature

Notary Public of Marquette County, State of Michigan

My Commission expires _____

Name of Person accepting this Form _____

Parcel Code Number(s) _____