**OTC 998-C** Revised 11-2022

## State of Oklahoma Application for Unremarried Surviving Spouse of Veterans Deceased in the Line of Duty Property Tax Exemption



Tax Year:

2023

		***************************************	-			-	
	PAR	RT ONE					
(to be completed by applicant)	Applicant		: Comanche			Account Number:	
		Name:				aytime Telephone:( $\_$	)
		Proper	ty Address:				
		Mailing	Address:				
		Email A	Address:				
	0	PLEASE MA	ARK THE APPROPRIATE B	OX			
		N Are you a legal resident of Oklahoma?   N Do you currently or did you in the provious year have homostood exemption in this State?					
De		☑ No you currently, or did you in the previous year, have homestead exemption in this State?  If so, list address:					
=		If so, li					
			City:			County:	
	PAR	T TWO	PLEASE MARK THE A	PPROPRIATE BOX			
	0		☑ ☑ Did you own this property on or before January 1 of this year, or is the land held by a city,				
by applicant)			town or entity formed by a city or town?				
	2						
		If not held by a city, town or entity, will your deed or other evidence of ownership be of record with the County Clerk's Office on or before February 1 of this year?					
00	Owners	Your deed or other evidence of ownership must be recorded with the County Clerks Office in the year of the requested exemption					
2			in the year of the requested exemption.				
a'l	0		in the year	r of the requested e	xemption.		
			III the year	Tor the requested e	xemption.		
pleted by	PART	THREE	PLEASE MARK THE AR	PPROPRIATE BOX	xemption.		
completed by	PART	THREE	PLEASE MARK THE AF	PPROPRIATE BOX	xemption.		
ne completed p	PART	THREE	PLEASE MARK THE AIR  Date of Birth:  Has the applica	PPROPRIATE BOX]	xemption.		
d paraiduros ad or)	PART	THREE	Date of Birth: _ Has the applicate the spouse has the spouse has the spouse has been spoused by the spouse has the spouse has been spoused by the spouse has been spoused by the spoused b	ppropriate Box] ant remarried? Head of Househol	d?		
d paladuos ad oi)	PART	THREE	Date of Birth: _ Has the applicate the spouse Has the applicanter the applican	PPROPRIATE BOX]  ant remarried?  Head of Householt an unmarried su	d?	se of a person certified l	
o paladuos ad os	PART	THREE YN YN	Date of Birth: Has the applicate spouse has the applicant Defense to have	ant remarried? Head of Household an unmarried surve deceased in the	d? rviving spou	se of a person certified l	by the Department of
-	PART	THREE YN YN	Date of Birth:  Has the applicate the spouse Has the applicant Defense to have	ant remarried? Head of Household an unmarried surve deceased in the	d? rviving spoue line of duty	se of a person certified l ? est and verify any informat	by the Department of
o paladuo ag oi)	Qualification A	THREE Y N Y N Y N	Date of Birth: _ Has the applicant Is the applicant Defense to have or a state	ant remarried? Head of Householder an unmarried surve deceased in the ty assessor is author or federal agency to	d? rviving spou e line of duty rized to requ hey may feel	se of a person certified l ? est and verify any informat is relevant.	by the Department of tion from the applicant
a paneled of or	Qualification A	THREE  Y N Y N Y N TFOUR	Date of Birth: _ Has the applicant Is the applicant Defense to have The count or a state	ant remarried? Head of Householder an unmarried surve deceased in the correct agency to the type assessor is authorous federal agency to the type to the type to the type assessor is authorous federal agency to the type type to the type type to the type type type type type type type typ	d? rviving spou e line of duty prized to requirey may feel	se of a person certified l ? est and verify any informat	by the Department of tion from the applicant bunty assessor at such
g palaidmos ag os)	Qualification A	T FOUR	Date of Birth: _ Has the applicant Is the applicant Defense to have The count or a state	ant remarried? Head of Householder an unmarried surve deceased in the correct agency to the type assessor is authorous federal agency to the type to the type to the type assessor is authorous federal agency to the type type to the type type to the type type type type type type type typ	d? rviving spou e line of duty prized to requirey may feel	se of a person certified I ? est and verify any informat is relevant. emption and shall notify the co	by the Department of tion from the applicant bunty assessor at such
d balandinos ad oi)	r Qualification ABA	THREE  Y N Y N Y N TFOUR  time whe	Date of Birth: _ Has the applicant Is the applicant Defense to have The count or a state  The applicant att In the applicant or s	ant remarried? Head of Household an unmarried survey deceased in the ty assessor is author or federal agency to the tests to the validity of the tests to the val	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified I ? est and verify any informat is relevant. emption and shall notify the co	by the Department of tion from the applicant bunty assessor at such
a completed of	Or Qualification PAR	THREE  Y N Y N Y N Applican	Date of Birth: Has the application Is the applicant Defense to have The applicant attempticant or a state  The applicant attempticant or state  The applicant or state  The applicant attempticant or state	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty prized to requirey may feel	se of a person certified I ? est and verify any informat is relevant. emption and shall notify the co	by the Department of tion from the applicant punty assessor at such above cited requirements.
a paraldinos ag os	Sor Qualification AB	THREE  Y N Y N Y N Applican	Date of Birth: _ Has the applicant Is the applicant Defense to have The count or a state  The applicant att In the applicant or s	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified I ? est and verify any informat is relevant. emption and shall notify the co	by the Department of tion from the applicant bunty assessor at such
a palalered of	Sor Qualification AB	THREE  Y N Y N Y N Applican	Date of Birth: Has the application Is the applicant Defense to have The applicant attempticant or a state  The applicant attempticant or state  The applicant or state  The applicant attempticant or state	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified I ? est and verify any informat is relevant. emption and shall notify the co	by the Department of tion from the applicant punty assessor at such above cited requirements.
De completed by	Sor Qualification AB	THREE  Y N Y N Y N Applican	Date of Birth: Has the application Is the applicant Defense to have The applicant attempticant or a state  The applicant attempticant or state  The applicant or state  The applicant attempticant or state	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified lead of the set and verify any information is relevant.  Semption and shall notify the contact of the set forth by th	by the Department of tion from the applicant ounty assessor at such above cited requirements.
o pe completed by	Or Qualification PAR	THREE  Y N Y N Y N Applican	Date of Birth: Has the application Is the applicant Defense to have The applicant attempticant or a state  The applicant attempticant or state  The applicant or state  The applicant attempticant or state	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified leads and verify any informate is relevant.  Emption and shall notify the containing as set forth by the	by the Department of tion from the applicant punty assessor at such above cited requirements.  School District
C De Completed Di	Sor Qualification AB	THREE  Y N Y N Y N Applican	Date of Birth: Has the application Is the applicant Defense to have The applicant attempticant or a state  The applicant attempticant or state  The applicant or state  The applicant attempticant or state	ant remarried? Head of Household to an unmarried survive deceased in the ty assessor is author or federal agency to tests to the validity of the truriving spouse does	d? rviving spou e line of duty rized to requi hey may feel he claim for ex not meet the qu	se of a person certified lead of the set and verify any information is relevant.  Semption and shall notify the contact of the set forth by th	by the Department of tion from the applicant punty assessor at such above cited requirements.  School District