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VERIFICATION

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TO BE COMPLETED BY MEDICAL DOCTOR

_____ I hereby certify that the above individual is a paraplegic.

_____ I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities.

_____ MD

Address

TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICER

REPRESENTATIVE

Check One:

_____ I certify that the above individual is a paraplegic veteran of the Armed Forces of the United States and the disability was service connected.

_____ I certify that the above individual is a veteran of the Armed Forces of the United States and disability was non-service connected.

OR

_____ I certify that the above individual is an un-remarried widow or widower of a qualified veteran

Address

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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I hereby report I have investigated the statements made in the foregoing application as to the ownership and use of the property as of November 1, 20_____. Based on the investigation it is my recommendation that this property be declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization.

(Director of Equalization)

PT 46A (12/16)

Original to Director of Equalization