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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