

**Sublette County**  
**OFFICE OF COUNTY ASSESSOR**  
**P.O. BOX 2057, Pinedale, WY 82941**

*assessor@sublettewyo.com*

*307- 367-4374 or 307-276-3827*

**AFFIDAVIT FOR VETERANS EXEMPTION**

I, \_\_\_\_\_, of lawful age, being first duly sworn upon oath, depose and state as follows.

***Initial all applicable sections.***

**SECTION A**

- \_\_\_\_\_ a. I served in the military of the United States during one of the wars or military operations identified by W.S. 39-13-105 **AND/OR**  
I have a \_\_\_\_\_ % service-connected disability as certified by the Veterans Administration or branch of the Armed Forces of the United States;
- \_\_\_\_\_ b. I and/or my spouse are listed as an owner, own property subject to trust created by or for the benefit of claimant and/or spouse, or are listed as owner on contract for deed;
- \_\_\_\_\_ c. I am now and have been for at least three years domiciled in Wyoming, having for at least that time period held a valid Wyoming driver's license, registered one or more of my vehicles in Wyoming, registered to vote in Wyoming, and filed my Internal Revenue Service tax return indicating my residence as Wyoming;  
Date of Residency: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ d. I have not claimed a similar exemption in any other county of the State except:  
\_\_\_\_\_ County

**SECTION B**

- \_\_\_\_\_ a. I am a widow/widower of a veteran qualifying under W.S. 39-13-105, a bonafide resident of the State of Wyoming, and have not remarried.
- \_\_\_\_\_ b. I have not claimed a similar exemption in any other county of the State except:  
\_\_\_\_\_ County

\_\_\_\_\_  
Signature of Veteran or Widow

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_)  
  )§  
County of \_\_\_\_\_)

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_ .

(SEAL)

\_\_\_\_\_  
Notary Public

[My commission expires: \_\_\_\_\_]