

**AFFIDAVIT OF SUSPENSION OF PROPERTY TAXES FOR
PERSONS IN MILITARY SERVICE(SECTION 10-1-606, MCA)
*MONTANA RESIDENT ONLY**

PARCEL # _____

GEO-CODE _____

LEGAL DESCRIPTION: _____

RECORD OWNER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ACTIVE DUTY SERVING OUTSIDE MONTANA

HOSPITALIZED FROM INJURIES SUSTAINED WHILE SERVING

INTEREST WILL NOT ACCRUE UNTIL ONE YEAR AFTER THE TAXPAYER IS RELEASED FROM ACTIVE DUTY

INTEREST WILL NOT ACCRUE UNTIL ONE YEAR AFTER THE TAXPAYER IS RELEASED FROM HOSPITALIZATION FROM INJURIES SUSTAINED WHILE SERVING

_____OWNER _____CO-OWNER _____AGENT

X _____
Signature

Date

STATE OF _____)

: ss.

County of _____)

On this ___ day of _____, _____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared _____, known to me to be the person or persons whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Public for the State of _____ Notary
Residing at: _____
My Commission expires: _____

(NOTARIAL SEAL)