

# Declaration of Trust Property Tax Exemption for Senior Citizens and Disabled Persons

File this declaration with the **Senior Citizen and Disabled Persons Claim for Exemption from Real Property Taxes** (REV 64 0002) if the applicant's residence is an asset of a Trust.

**Note:** This form does not create a Trust. It is to be used only for purposes of claiming the Senior Citizens or Disabled Persons Exemption on property that is already an asset of an existing trust.

### To Be Completed By County

County Name: \_\_\_\_\_ Parcel Number: \_\_\_\_\_  
Senior Citizen/Disabled Person's Application Number: \_\_\_\_\_

### To Be Completed By Applicant

Applicant Name (Print): \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

#### Declaration - Important - See the Instructions on the reverse side of this form.

I hereby declare that the residence located at the above noted parcel number is an asset of a trust. Further, I declare that the trust meets the ownership requirement as defined under (**check one**):

- WAC 458-16A-100(21)(a) — The applicant reserved a life estate when transferring the property to the trust or a life estate was later conveyed by deed. Attach a copy of the deed.
- WAC 458-16A-100(21)(b) — The applicant is the "settler" or creator of the trust (either revocable or irrevocable) and has granted to himself/herself a beneficiary interest in the principal residence, or that specific portion of the trust, and that beneficiary interest lasts for at least his/her lifetime.
- WAC 458-16A-100(21)(c) — The trust is irrevocable and the applicant is the beneficiary. He/she has been granted the beneficial interest in the principal residence portion of the trust for at least his/her lifetime.

**See the laws and rules on the reverse side of this form for additional explanation.**

**Note: You must attach a copy of the portion(s) of the trust that demonstrate the trust meets the ownership requirement.**

**I certify that the foregoing is true and correct.**

\_\_\_\_\_  
Attorney for Applicant - Print

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of Attorney for Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant - Print

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date