



Office of the Clerk/Auditor
Tax Administration
179 N. Main, Suite 112 Logan, UT 84321
Phone: 435-755-1706 * Fax: 435-755-1980
cachecounty.org/auditor/abatement.html

SUPPLEMENTAL AFFIDAVIT BLIND EXEMPTION

Social Security Number: _____

Land Serial Number: _____

I _____, hereby certify that I am

- the minor orphan of a deceased blind claimant

OR

- the unmarried surviving spouse of a deceased blind claimant.

I further understand that if I am the unmarried surviving spouse of a deceased blind claimant and get married in the future, I must notify the County.

Please provide a copy of the death certificate for the first year application filing.

Claimant

Date