



Jennifer Carter
Saline County Tax Collector

**AFFIDAVIT
FOR TAX YEAR OF 2024**
(Arkansas Code 26-3-306)

I, _____, do hereby certify that I am the surviving spouse
of _____, V.A. file number _____.

A veteran or active duty member of the Armed Forces of the United States who:

___ At the time of his/her death was receiving special monthly compensation for the
loss of one or more limbs, or total blindness in one or both eyes.

___ At the time of his/her death was rated service connected, 100% total and
permanent disability.

___ Is a member of the United States Armed Forces who is missing in action.

___ Was killed on active duty while within the scope of his/her military duties.

___ Died of service connected causes as certified by the Veterans Administration.

AND

___ I have not remarried since the death of the veteran/active duty member/MIA.

___ I have remarried since the death of the veteran/active duty member/MIA; the
subsequent marriage was terminated. I am now unmarried.

Signature of Surviving Spouse

Date