



Nebraska Homestead Exemption Application

- File this form and any required documents with your county assessor after February 1 and on or before June 30, 2025.

FORM 458

2025

PQ

Most Categories Must File Annually For Exemption

**Please see instructions on page 3.

Please Type or Print

1. County DODGE

Part A: Applicant Information

2. Applicant's Name (Last, First, MI):

KINGRY, MICHAEL A

3. Applicant's Social Security Number (SSN)

4. Applicant's Date of Birth (Mo/Day/Year)

02/16/1960

5. Spouse's Name, if Applicable (Last, First, MI):

6. Spouse's Social Security Number (SSN)

7. Spouse's Date of Birth (Mo/Day/Year)

8. Residence Street Address, Town, and Zip Code (No PO Boxes)

1617 N HANCOCK ST FREMONT, NE 68025

9. Mailing Address If Different Than Address Above:

1617 N HANCOCK ST FREMONT, NE 68025

10. Email Address (if available):

michael_kingry@hotmail.com

11. Applicant is a: U.S. Citizen or Qualified Alien Under the Federal Immigration and Nationality Act. If Qualified Alien, applicant's alien number is: _____12. Homestead Filing Status: Applicant is: Single Married or Living with Closely Related Relatives13. Does a child, parent, or sibling who is also an owner-occupant of the homestead residence live with the applicant? Yes No 14. Is this application being completed on behalf of a deceased applicant who passed away after Jan. 1, 2025 and before June 30, 2025, whose estate is eligible for a homestead exemption due to a surviving spouse occupying the homestead residence during the year of the applicant's death? Yes No If Yes, Applicant's Date of Death: / /15. Did the applicant's spouse pass away on or between January 1, 2024 and December 31, 2024? Yes No If yes, Spouse's Date of Death: / /16. On December 31, 2024, was the applicant legally married? (see instructions) Yes No

Part B: Other Owner-Occupant Information

List Others (excluding a spouse) Who Own and Occupy The Residence (Attach list if Needed.)

- Nebraska Schedule I — Income Statement must be filed for each owner-occupant
- (DO NOT include applicant and spouse below.) * Please attach additional information if needed.

Name	Relationship to Applicant	DoB (Mo/Day/Yr)	SSN
		/ /	

Please Note: Please ensure you have the **Form 458 Instructions** for more information on properly completing this application. A Schedule I is not required to be submitted for Categories #4V, 4S, #5 and #7.

All Applicants: If you have questions, please contact your local county assessor's office or the Property Assessment Division of the Nebraska Department of Revenue at 888-475-5101, visit revenue.nebraska.gov/PAD, or scan the QR code to the right of these instructions.

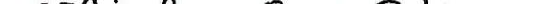
>> Retain a copy for your records. Must Complete Both Sides <<

Select One:	Cat #:	Part C: Homestead Exemption Category Descriptions: Please see <u>2025 Filing Requirements Chart</u> for each category. **Past Applicants Please Note: Categories may have a new number. See instructions for requirements.**
	1.	Individuals who are 65 years of age or older before January 1, 2025.
	2.	Veterans who served on active duty during a recognized war of the U.S. and who are totally disabled by a <u>non-service-connected accident or illness</u> ! Service Begin Date: _____ Service End Date: _____
X	3.	Qualified Disabled Individuals who have: (a) a permanent physical disability and on or before January 1, 2025 have lost all mobility that precludes the ability to walk without the use of a mechanical aid or prosthesis, <u>or</u> (b) undergone amputation of both arms above the elbow, <u>or</u> (c) a permanent partial disability of both arms in excess of 75%.
	4V.	Disabled Veterans who are drawing compensation from the VA due to a <u>100% service-connected permanent disability</u> that was certified on or before January 1, 2025.
	4S.	Unremarried surviving spouses <u>or</u> those spouses who remarried after the age of 57 years who are drawing compensation from the VA due to: (a) marriage to a deceased category #4V veteran, (b) the death of any veteran who died because of a service-connected disability ¹ or (c) the death of a serving spouse while on active duty.
	5.	Paraplegic or Multiple Amputee Veterans whose homestead is substantially contributed to by the Department of Veterans Affairs or the unremarried surviving spouse of such a veteran.
	6.	Individuals who have been certified on or before January 1, 2025 as having a <u>developmental disability</u> by the NE Department of Health and Human Services as defined in Neb. Rev. Stat. § 83-1205.
	7.	Veterans drawing compensation from the VA because of <u>100% service-connected temporary</u> disability that was certified on or before January 1, 2025 or their unremarried surviving spouse or surviving spouse who remarries after the age of 57 years ¹ .

¹Veteran must have been discharged or otherwise separated with a characterization of honorable or general (under honorable conditions).

#	Part D: Applicant and Homestead Information Questions	Yes	No
1.	Does the applicant currently own this residence?	X	
2.	Does the applicant currently reside at this residence? * If yes, skip to question #4. If no, answer the questions in #3.	X	
3.	Is the applicant currently residing in a nursing home or other health care facility due to health reasons? If yes, answer #3a and #3b. If no, then skip to question #4.	X	
	3a. Have the household furnishings been removed from the homestead residence?	X	
	3b. Is the residence currently being leased or rented by another person?	X	
4.	Is the homestead residence owned by a trust? If yes, please provide a copy of the trust.	X	

Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for a homestead exemption elsewhere in the state.

sign here  Signature of Applicant or Authorized Representative (required)

6/18/2025 402-719-8031
Date Phone Number (required)

Homestead Legal Description or Mobile Home Physical Description:

For County Assessor's Use Only

FAIRACRES 4TH LOT 13 BLK 11

Fiscal ID Number 270022883	Tax District Number 1	Current Assessed Value of the Homestead Property 167,279
--------------------------------------	---------------------------------	--

County Approved (subject to income approval by the Department of Revenue)

Comments: _____

— Sand

Strategic Information Systems

>> Retain a copy for your records. Must Complete Both Sides << **RECEIVED**

2

Certification of Disability for Homestead Exemption

- The disability must have occurred on or before January 1 of the application year.
- Attach this form to the Nebraska Homestead Exemption Application or Certification of Status, Form 458, and Nebraska Schedule I - Income Statement, Form 458, Schedule I.
- See instructions on reverse side.

FORM
458B

Applicant's Name	Michael A. Kingry			County	Dodge
Address	1617 N. Hancock St.			Zip Code	
City	State	NE	168025	DATE OF BIRTH	2/16/1960

I hereby authorize this medical practitioner or Deputy Director of Department of Health and Human Services (DHHS) to disclose any of the medical information necessary for compliance with the Nebraska homestead exemption laws to the _____ County Assessor and the Nebraska Department of Revenue.

sign here → Michael A. Kingry
Signature of Applicant (required)

06/27/2025
Date

To be Completed by a Qualified Licensed Medical Practitioner (Categories 2 and 3)
or the Deputy Director of DHHS (Category 6).

Disability Certification for Qualified Veterans (Homestead Exemption Category 2)

a Veteran totally disabled due to non-service connected illness.

Service Dates: Beginning _____ (month/day/year), Ending _____ (month/day/year)

b Veteran totally disabled due to non-service connected accident.

Service Dates: Beginning _____ (month/day/year), Ending _____ (month/day/year)

Disability Certification for Qualified Individuals (Homestead Exemption Category 3)

c Individual with a permanent physical disability who has lost all mobility that precludes locomotion without the use of a mechanical aid or prosthesis.

d Individual with a permanent partial disability of both arms in excess of 75%.

e Individual who has undergone amputation of both arms above the elbow.

f This applicant does NOT meet any of the exemptions listed above.

I hereby certify that I have examined the applicant named above, and to the best of my knowledge and belief, he or she has the disability described and indicated above or line f is true as indicated.

sign here → Monty Sellon
Signature of Qualified Licensed Medical Practitioner

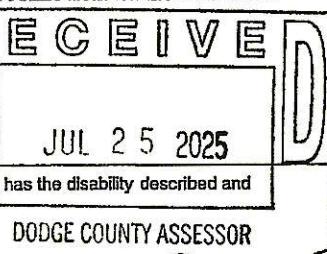
Monty Sellon
Printed Name of Qualified Licensed Medical Practitioner

350 W 23rd
Address

1861441381
National Provider Identifier (NPI) Number

402.815.7800
Phone Number

Freymont
City



Date
7-18-25

Date

68025
Zip Code

Developmental Disability Certification for Qualified Individuals (Homestead Exemption Category 6) To Be Completed by DHHS Only

g Individual who has a developmental disability.

h This applicant does NOT qualify as an individual with a developmental disability.

i This applicant has not applied for services with DHHS.

I hereby certify that I have determined that the applicant named above is eligible for developmental disabilities services and has a developmental disability as defined in Neb. Rev. Stat. § 83-1205 indicated above; or line h or i, is true as indicated.

sign here →

Signature of Deputy Director, Division of Developmental Disabilities, Department of Health and Human Services (DHHS)

Date

Printed Name of Deputy Director, Division of Developmental Disabilities, DHHS

Phone Number

Notice of Rejection of Homestead Exemption

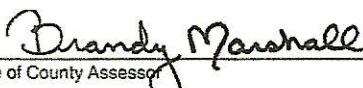
FORM
458R

Name KINGRY, MICHAEL A	Tax Year 2025
Address 1617 N HANCOCK ST	
City or Town FREMONT	State NE
Zip Code 68025	
County DODGE	
Legal Description FAIRACRES 4TH LOT 13 BLK 11 270022883	

Your homestead exemption application for the real property described above has been rejected.

Reason for Rejection:

<input type="checkbox"/> Application is incomplete.	<input type="checkbox"/> Value of the property exceeds maximum residential value for county.
<input checked="" type="checkbox"/> Application does not include adequate documentation to meet disability requirements.	<input checked="" type="checkbox"/> Applicant does not meet age requirements.
<input type="checkbox"/> Application was not timely filed.	<input type="checkbox"/> Applicant does not own home.
<input type="checkbox"/> Application does not include adequate documentation for late filing.	<input type="checkbox"/> Applicant does not occupy home.
	<input type="checkbox"/> Other


Signature of County Assessor

7-25-25 402-727-3915
Date Phone Number

If you disagree with this notice, you may request a hearing with the county board of equalization by filing a written complaint with the county clerk within 30 days of receipt of this notice. A written complaint must include the reasons you believe the rejection is in error and a copy of this Form 458R. If you are dissatisfied with the county board of equalization decision, you have the right to appeal the board's decision to the Tax Equalization and Review Commission within 30 days after the decision. Homestead Exemption Applications approved by the county board of equalization are subject to review by the Tax Commissioner.

This Form 458R cannot be used to protest the value of the property. The value of the property should have been protested between June 1 and June 30 of the current year.

This notice must be mailed within ten days after the county assessor's decision to reject the application.

For County Board of Equalization Use Only

<input type="checkbox"/> Homestead Exemption Application Approved – Provide Reason(s)	Comments:
<input type="checkbox"/> Homestead Exemption Application Denied – Provide Reason(s)	

I declare to the best of my knowledge and belief, the determination made by the County Board of Equalization (Board) is correct pursuant to the laws of the State of Nebraska.


Signature of County Board Member

Date

County Clerk: A legible copy of this form showing the final Board decision must be mailed to the applicant within seven days of the Board's decision.

Retain a copy for your records.

For more information, please see:

revenue.nebraska.gov/PAD/homestead-exemption

County Assessor Brandy Marshall

Attn: County Clerk

This is regarding the notification I received on July 28th, 2025, that my application for the Homestead Exemption was rejected due to not including adequate documentation to meet disability requirements. I turned in the application on June 27th 2025 and informed the individual who took the application, (I believe her initials were RY or RG it was hard to read) that since a letter from my physician was required also by the due date and that its not something that is required every year and I was honest and said that it simply slipped my mind. I also informed her that I visited my physician's office and as in the past you could simply drop off the paperwork and since I have been a patient there for 30 years and have been on disability for 18 years they would get it done. Since Methodist took over their policy changed and that now you have to make an appointment with your physician simply to fill out the forms. I informed her that a appointment was made that day but unfortunately it would not be until the morning of July 18th, 2025. She informed me she would hold the application until she received the paperwork from my physician. I saw him on the 18th at 10:20 as scheduled the paperwork was done and was mailed out that day. Given the mail service that should have arrived in your office in and around July 21 22.

I am respectfully asking for a hearing with county board of equalization to reconsider this matter with the above comments and also taking into consideration that this has never happened before in the past. I have been disabled for 18 years, and the status of my disability has always met the requirements needed. I made an honest mistake not getting the doctors paperwork on time. I'm just a disabled senior living on poverty wages. Homestead exemption is greatly appreciated! Thank you very much for addressing this issue.

Michael A Kingry

Michael A. Kingry

8/18/2025

DODGE COUNTY, NEBRASKA
MARI GULFF, COUNTY CLERK

2025 AUG 18 PM 3:14

RECEIVED