Appellant's Declaration of Medical Exemption

I		, do soler	nnly swear or affirm, under penalties of	
medical exe	emption(s) to the Gro	eene County Board of Ec	applicable, qualify for a Covid-19 related qualization's requirement that I or my duly property tax assessment.	
		•	rized representative, if applicable, qualify the conditions(s) indicated below:	
	Sixty-five years	of age or older		
	Residence in a long-term care facility licensed under chapter 198 of the Revised Statutes of the State of Missouri;			
	Chronic lung disease or moderate to severe asthma;			
	Serious heart conditions;			
	An immunocompromised condition;			
	Diabetes;			
	Chronic kidney disease and necessitating dialysis;			
	Liver disease.			
			, Appellant	
STATE OF	MISSOURI)) SS.)		
public, pers name is sub	sonally appearedoscribed to the within	n instrument and acknow	, before me, the undersigned notary, known to me to be the person whose rledged that he/she/they executed the same I hereunto set my hand and official seal.	
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	[SEAL]		, Notary Public	