

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
TAX CREDITS/DEFERRAL APPLICATION**

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

Property for which Exemption/Tax Credit/Deferral is claimed:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Lewis	FIRST NAME Carlotta	INITIAL M
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS 71 Causeway St		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 71 Causeway St		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 13	BLOCK # 65	LOT #	
	VETERANS' TAX CREDIT			
				<u>Granted/Denied</u> <u>Date</u>
	<input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>500</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000)	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Review Discharge Papers (ei: Form DD214), Form # _____			
<input type="checkbox"/> Other Information _____			

VETERANS' EXEMPTION				<u>Granted</u>	<u>Denied</u>	<u>Date</u>
<input type="checkbox"/> Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner		<input type="checkbox"/>	<input type="checkbox"/>	
APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS						
Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category			
Single	\$ _____	\$ _____	65 - 74 years of age	\$ _____		
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____		
Asset Limits			80 + years of age	\$ _____		
Single	\$ _____	\$ _____				
Married	\$ _____	\$ _____				

OTHER EXEMPTIONS				<u>Granted</u>	<u>Denied</u>	<u>Date</u>
<input type="checkbox"/> Elderly Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist the Deaf	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-Powered Energy Systems Exemption	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	

Elderly & Disabled Tax Deferral				<u>Granted</u>	<u>Denied</u>
<input type="checkbox"/> Elderly and Disabled Tax Deferral	Amount \$ _____			<input type="checkbox"/>	<input type="checkbox"/>
For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)					

STEP 3 COMMENTS/ NOTES	Municipal Comments/Notes
	Surviving Spouse

STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	About B. Khan, Chairman		
	Theresa Kyle		
	Ella Brown		

APPEAL PROCEDURE If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before **September 1st** following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

JAN 22 2020

FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

Town of Seabrook
Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: Carlotta Lewis

APPLICANT'S LAST NAME: Lewis APPLICANT'S FIRST NAME: Carlotta MI: M. PHONE NUMBER:

APPLICANT'S LAST NAME: APPLICANT'S FIRST NAME: MI: PHONE NUMBER:

MAILING ADDRESS: 71 Causeway St.

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 71 Causeway St. TAX MAP: 13 BLOCK: 65 LOT:

IS THIS YOUR PRIMARY RESIDENCE? YES NO

STEP 2 VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
 All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)
 Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
 Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")
 Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Raymond A. Lewis Dates of Military Service Enter (MMDDYYYY):

4. Date of Entry: 7-30-57 5. Date of Discharge/Release: 8-9-60

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: Vietnam 7. Branch of Service: Navy

9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name:

8. Please Check One: US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service

STEP 3 EXEMPTIONS

10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)
 (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth: 10b. Spouse's Date of Birth:

11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)
 Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
 Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)

STEP 4 RESIDENCY

13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
 NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
 NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 5 OWNERSHIP

14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own?

STEP 6 SIGNATURES

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

SIGNATURE (IN INK) OF PROPERTY OWNER: Carlotta M. Lewis DATE: 1/22/20

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

all vet

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Name of Municipality: Seabrook
Name of Applicant: Carotta Lewis / Raymond Lewis
Address of Applicant's Principal Place of Abode: 71 Causeway St.
Map and Lot Number of Applicant's Principal Place of Abode: 13-65
Date of Original Application to Municipality: 1-22-2020

Regular Veterans' Tax Credit (RSA 72:28)

Date Range of Active Duty From DD214 or other qualifying discharge papers;
(90 days must be within this range) 7-30-57 - 8-9-60 Name of Conflict: Vietnam
Was veteran honorably discharged or separated from service? YES _____ NO

If applicable, list any qualifying medals earned: _____

For a list of qualifying medals go to: http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc

For a list of qualifying discharge papers go to:
http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Discharge_Papers-Web_0804.doc

Documentation Reviewed By: [Signature] Application Approved by: AS 1/30/2020

Service Connected Total and Permanent Disability (RSA 72:35)

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: _____ Application Approved by: _____

Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

LEGEND: Insert N/A to the items below which are not applicable.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME LEWIS, RAYMOND ARTHUR		2. SERVICE NUMBER 902 75 84		3a. GRADE, RATE OR RANK AG3 (B5)		b. DATE OF RANK (Day, Month, Year) 16 DEC 58			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USN		5. PLACE OF BIRTH (City and State or Country) SEABROOK, NEW HAMPSHIRE				6. DATE OF BIRTH	DAY 22	MONTH AUG	YEAR 39
	7a. RACE CAU	b. SEX MALE	c. COLOR HAIR RED	d. COLOR EYES BLUE	e. HEIGHT 69"	f. WEIGHT 168	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS SINGLE	
	10a. HIGHEST CIVILIAN EDUCATION LEVEL HSHED 04		b. MAJOR COURSE OR FIELD VOCATIONAL							
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE TRANSFER TO RESERVES				b. STATION OR INSTALLATION AT WHICH EFFECTED U.S. NAVRECSTA, T.I., SAN FRAN, CALIF.					
	c. REASON AND AUTHORITY EXPIRATION OF TERM OF ACTIVE OBLIGATED SERVICE BPM C-10317 & C-10319 EACS 203						d. EFFECTIVE DATE	DAY 9	MONTH AUG	YEAR 60
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND N.A.S. BARBER'S POINT				13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD217N			
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER NA		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE NA							
	16. DATE INDUCTED DAY MONTH YEAR NA									
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED COM-1									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION				b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
	DAY 29	MONTH JUL	YEAR 63	<input checked="" type="checkbox"/> ENLISTED (First Enlistment)	<input type="checkbox"/> ENLISTED (Prior Service)	<input type="checkbox"/> REENLISTED	MIN	DAY 30	MONTH JUL	YEAR 57
	20. PRIOR REGULAR ENLISTMENTS NONE		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE HSAR		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) SEABROOK, NEW HAMPSHIRE					
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) FARM LANE, SEABROOK, NEW HAMPSHIRE (ROCKINGHAM CO.)				24. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
	25a. SPECIALTY NUMBER AND TITLE AG-0000		b. RELATED CIVILIAN OCCUPATION AND I.C. NUMBER AEROGRAPHER GENERAL		c. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	00	10	
					(2) OTHER SERVICE	00	00	00		
					(3) TOTAL (Line (1) + line (2))	03	00	10		
					b. TOTAL ACTIVE SERVICE	03	00	10		
					c. FOREIGN AND/OR SEA SERVICE	02	08	18		
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT MEDAL 29 JUL 60 NOT RECEIVED									
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE										
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED				
SCHOOL OR COURSE		DATES (From - To)		MAJOR COURSES		NTC FOR AN NP NCC FOR AG NP FOR AG3 NCO FOR MR&PO'S 3&2				
NA		NA		NA						
<div style="position: absolute; top: -50px; left: 50px; color: blue; font-weight: bold; font-size: 24px; transform: rotate(-15deg);">RECEIVED</div> <div style="position: absolute; top: -30px; left: 100px; color: red; font-weight: bold; font-size: 18px; transform: rotate(-15deg);">JAN 22 2020</div> <div style="position: absolute; top: -10px; left: 150px; color: blue; font-weight: bold; font-size: 14px; transform: rotate(-15deg);">Town of Seabrook Assessor's Office</div>										
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA			
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NONE						b. VA CLAIM NUMBER C- NA			
AUTHENTICATION	32. REMARKS RECOMMENDED FOR REENLISTMENT NO. DAYS LEAVE PAID: 30 EXCESS LEAVE: NONE TIME LOST: NONE NO MOP PAID 8/9/50 M. E. WRIGHT, D5154 X X X X X									
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) FARM LANE, SEABROOK, NEW HAMPSHIRE					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Raymond A. Lewis</i>				
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER H. I. WELLS, CHSHIPCLK, USN SEP OFF BY DIR OF THE CO					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>H. I. Wells</i>				



STATE USE ONLY

4a PLACE

4c HOSP.

5 TYPE

7 VET

8 HISP RACE

9 EDUC.

10 AGE

11 NATIVITY

12 MARITAL

15 RESID

15 OUT-STATE

23 DISP

31-32 AUTOP.

33 MED EXAM

34 MANNER

35C WORK INJ

35F PLACE

36-37 CERT

40A RN PRO

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1 Raymond		Arthur		Lewis		Male	3 May 20, 1995	
PLACE OF DEATH (City/Town)			COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
4a Newburyport			4b Essex		4c Anna Jaques Hospital			
PLACE OF DEATH (Check only one): HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA						SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR
						6 001-26-3720		7
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES				RACE (a.g. White, Black, American Indian, etc.) (Specify):		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+)		
				8b White		9 12 -		
AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MOS DAYS		UNDER 1 DAY HOURS MINS		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)
10a 55						10b Aug. 22, 1939		11 Seabrook, NH
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)			USUAL OCCUPATION (Prior - If retired)		KIND OF BUSINESS OR INDUSTRY	
12 Married		13 Carlotta M. Volpone			Waste Water Operator		Electro Plating	
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY						ZIP CODE		
15a 104 Farm Lane, Rockingham, Seabrook, NH						15b 03874		
FATHER - FULL NAME			STATE OF BIRTH (If not in US, name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in US, name country)	
16 Arthur Lewis			17 NH		18 Edna Kendrick		19 MA	
INFORMANT'S NAME						MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP
20 Carlotta M. Lewis, 104 Farm Ln., Seabrook, NH						03874		22 Wife
METHOD OF DISPOSITION			CREMATION			FUNERAL SERVICE LICENSEE		
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:			<input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE			24 Richard A. LeBlanc		
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)						LOCATION (City/Town, State)		
26a St. Mary's Cemetery						26b Newburyport, MA		
DATE OF DISPOSITION (Mo., Day, Yr.)			NAME AND ADDRESS OF FACILITY					
27 MAY 23, 1995			28a/b Twomey-LeBlanc FH, Newburyport, MA					
PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.								Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. HEPATO-RENAL FAILURE					2 DAYS
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.			b. HEPATO CELLULAR CARCINOMA					MONTHS
			c.					
			d.					
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.								WAS AUTOPSY PERFORMED? (Yes or No)
								31 YES
								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
								32 YES
30 WAS CASE REFERRED TO M.E.? (Yes or No)		34 MANNER OF DEATH			DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY	
33 NO		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			35a		35b M 35c	
DESCRIBE HOW INJURY OCCURRED				PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:		LOCATION (No. & St., City/Town, State)		
35d				35e		35f		
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated				37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated				
(Signature and Title)				(Signature and Title)				
DATE SIGNED (Mo., Day, Yr.)				HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
36b MAY 22, 1995				36c 12:30 AM		37b		37c M
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER				PRONOUNCED DEAD (Mo., Day, Yr.)				PRONOUNCED DEAD (Hr.)
36d MICHAEL J. MC CARTNEY, M.D.				37d				37e M
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)						LICENSE NO. OF CERTIFIER		
38 J.E. TOTHILL, M.D. 18 HIGHLAND AVE, NEWBURYPORT, MA						39 28544		
40a WAS THERE AN R.N. PRONOUNCEMENT? (Yes or No)		40b IF YES, DATE PRONOUNCED		40c IF YES, TIME PRONOUNCED		40d NAME OF PRONOUNCING REGISTERED NURSE		
NO				M		NAME		
DATE BURIAL PERMIT ISSUED						RECEIVED IN THE CITY/TOWN OF:		DATE OF RECORD
41 MAY 23, 1995						Seabrook		May 24 1995
SIGNATURE - BD. OF HEALTH AGENT						CLERK'S SIGNATURE		
Steven A. ...						John J. ...		
41						42		43

BLACK INK ONLY
R-301-89

RECEIVED

JAN 22 2020

Town of Seabrook
Assessor's Office

A TRUE COPY ATTEST

John J. ...
CITY CLERK