

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 Gallant	FIRST NAME Sally	INITIAL L						
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL						
	MAILING ADDRESS 2 Tyngsboro St								
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874						
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 2 Tyngsboro St									
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 21		BLOCK # 5	LOT # 20					
	VETERANS' TAX CREDIT Granted/Denied Date								
	<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 Granted Denied Date								
	<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 Granted Denied Date									
<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 Granted Denied									
<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 COM- MENTS/ NOTES	Municipal Comments/Notes								
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date			
	Aboul 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/BLDCK/LOT

RECEIVED

OCT 22 2019

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

WV
55

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: Sally L. Gallant

APPLICANT'S LAST NAME: Gallant APPLICANT'S FIRST NAME: Sally MI: L. PHONE NUMBER: _____

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

MAILING ADDRESS: 2 Tyngsboro St

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 2 Tyngsboro St TAX MAP: 21 BLOCK: 5 LOT: 20

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

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: Robert F. Gallant Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 10-7-63 5. Date of Discharge/Release: 10-4-65

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

6. Name of Allied Country Served in: _____ 7. Branch of Service: Army

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

STANDARD 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: Sally L. Gallant DATE: 10/22/19

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

TAX MAP | BLOCK | LOT

reg.
VC

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: Sally Gallant (Robert F. Gallant)
Address of Applicant's Principal Place of Abode: 2 Tyngsboro St.
Map and Lot Number of Applicant's Principal Place of Abode: 21-5-20.
Date of Original Application to Municipality: 11-20-14

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) 10-7-63 - 10-4-65 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: [Signature] 1/14/20

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

RE-1

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME GALLANT ROBERT FREEMAN			2. SERVICE NUMBER US 11111111		3a. GRADE, RATE OR RANK SP4 E-4 (T)		b. DATE OF RANK (Day, Month, Year) 15 Sep 64			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS AGC			5. PLACE OF BIRTH (City and State or Country) Melrose Massachusetts			6. DATE OF BIRTH 13 Dec 40				
	7a. NA	b. SEX Male	c. COLOR HAIR Brown	d. COLOR EYES Brown	e. HEIGHT 5'8"	f. WEIGHT 137	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single		
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 13 Years			b. MAJOR COURSE OR FIELD Social Studies								
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE Trans to USAR (See #18)				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Hamilton New York						
	c. REASON AND AUTHORITY Para 7 AR 635-205 SPN 411 PETS Early Release Overseas Returnee						d. EFFECTIVE DATE 4 Oct 65	DAY 4	MONTH Oct	YEAR 65	
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 126th Trans Co USARSEVEN			13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED None				
	14. SELECTIVE SERVICE NUMBER 19 67 40 110			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE #67 Saugus Massachusetts			16. DATE INDUCTED 7 Oct 63				
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Trans to USAR Control (Anl Tng) USAAC St Louis Missouri										
SERVICE DATA	18. TERMINAL DATE OR RESERVE OBLIGATION DAY MONTH YEAR 6 Oct 69			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: NA			b. TERM OF SERVICE (Years) NA		c. DATE OF ENTRY DAY MONTH YEAR NA		
	20. PRIOR REGULAR ENLISTMENTS None			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-1			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Boston Massachusetts				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 13 Piske Road Saugus (Essex) Massachusetts						24. STATEMENT OF SERVICE				
	25a. SPECIALTY NUMBER AND TITLE 71H20 Pers Spec			b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 1-18.32 Pers Clk			a. CREDITABLE FOR BASIC PAY PURPOSES		YEARS	MONTHS	DAYS
							(1) NET SERVICE THIS PERIOD		1	11	28
							(2) OTHER SERVICE		0	0	0
							(3) TOTAL (Line (1) + line (2))		1	11	28
						b. TOTAL ACTIVE SERVICE		1	11	28	
						c. FOREIGN AND/OR SEA SERVICE		1	7	27	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Expert (Rifle M-14)											
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					
a. SCHOOL OR COURSE			b. DATES (From-To)			c. MAJOR COURSES					
5th Tng Regt Ft Dix N J			16 Dec 63-24 Jan 64			Lt Veh Dvr Crse			ATP21-114 Crse NonJud Pun		
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				
AUTHENTICATION	32. REMARKS Item #3a: PFC E-3 (P) Aptd 7 Jun 64 Lump sum payment made for 15 days accrued leave Blood Group: O SSAN 032 30 6297										
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Same as #23					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert Freeman Gallant</i>					
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L L SYBERT 2DLT ASST ADJ					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>L L Sybert</i>					

RECEIVED
OCT 22 2019
Town of Seabrook
Assessor's Office

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

RECEIVED

CT 0489083




OCT 22 2019

Town of Seabrook
Assessor's Office

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
CERTIFICATE OF DEATH

State File #	2014 071744
Registered #	817

DECEDENT	Place of Death	WHITTIER REHABILITATION HOSPITAL, HAVERHILL, MA		
	Date of Death	OCTOBER 15, 2014	Age	73 YRS
			Sex	MALE
	Current Name	GALLANT, ROBERT F		
	Surname at Birth or Adoption	GALLANT	SSN	032-30-6297
	AKA	---		
	Date of Birth	DECEMBER 13, 1940	Birthplace	MELROSE, MASSACHUSETTS
	Residence	4 TYNGSBORO STREET, SEABROOK, NEW HAMPSHIRE 03874		
	Race	WHITE	Education	BACHELOR'S DEGREE
	Marital Status	MARRIED	Occupation/Industry	FINANCIAL ANALYST/COMPUTER
MEDICAL CERTIFIER	Last Spouse - Last (Surname at Birth or Adoption), First, Middle		U.S. Veteran	
	GALLANT, SALLY (HENNINGAN)		VIETNAM	
	Mother/Parent Name - Last (Surname at Birth or Adoption), First, Middle		Birthplace	
	GALLANT, MARY BERNADINE (CRONIN)		MASSACHUSETTS	
	Father/Parent Name - Last (Surname at Birth or Adoption), First, Middle		Birthplace	
	GALLANT, FREEMAN (GALLANT)		MASSACHUSETTS	
	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause			
	a. Immediate Cause (Final condition resulting in death)			
	CEREBRAL VASCULAR ACCIDENT			Interval between onset and death
	b. Due to or as a consequence of:			--- WKS.
DYSPHAGIA			--- WKS.	
c. Due to or as a consequence of:			---	
ASPIRATION PNEUMONIA			--- DAYS	
d. Due to or as a consequence of:			---	
Part II. Other significant conditions contributing to death but not resulting in underlying cause				
RENAL FAILURE		Manner of Death:		
		NATURAL		
		Time of Death: 05:55 AM		
		Result of Injury: NO		
Certifier MALCOLM MURDOCH, MD		Lic # 81408		
Addr. 145 WARD HILL AVENUE, HAVERHILL, MASSACHUSETTS 01835				
Funeral Licensee/ Designee MICHAEL S. CICCARELLI		Lic # 6310		
Facility/Addr. BISBEE-PORCELLA FUNERAL HOME, SAUGUS, MASSACHUSETTS				
Immediate Disposition BURIAL				
Date of Immediate Disposition OCTOBER 18, 2014				
Place/Address				
PURITAN LAWN MEMORIAL PARK, 185 LAKE STREET, PEABODY, MASSACHUSETTS 01960				
Date of Record OCTOBER 22, 2014		CLERK, CITY OF HAVERHILL		
Date of Amendment ---				

DATE ISSUED: OCTOBER 24, 2014

I, the undersigned, hereby certify that I am the Clerk of the City of Haverhill; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Clerk
City of Haverhill

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED