

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

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

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

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	Davis		Robert	F	
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	Davis		Nancy		
	MAILING ADDRESS				
547 Hudson St					
CITY/TOWN		STATE	ZIP CODE		
Seabrook		NH	03874		
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED					
547 Hudson St					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 21		BLOCK # 547	LOT #	
	VETERANS' TAX CREDIT				
	Granted/Denied Date				
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$	500	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$		<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"/>	Review Discharge Papers (ei: Form DD214), Form #			<input type="checkbox"/>
	<input type="checkbox"/>	Other Information			<input type="checkbox"/>
	VETERANS' EXEMPTION				
	Granted Denied Date				
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<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"/>	Disabled Exemption	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Blind Exemption	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$		<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$		<input type="checkbox"/>	
Elderly & Disabled Tax Deferral					
Granted Denied					
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$		<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				
STEP 4 SIGNATURES	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/BLCK/LOT

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

RECEIVED

NOV 26 2010

Town of Seabrook
Assessor's Office

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER Davis Family Trust - 547

APPLICANT'S LAST NAME Robert Davis + Nancy Davis APPLICANT'S FIRST NAME Robert MI F PHONE NUMBER

APPLICANT'S LAST NAME Davis APPLICANT'S FIRST NAME Nancy MI PHONE NUMBER

MAILING ADDRESS 547 Hudson St

CITY/TOWN Seabrook STATE NH ZIP CODE 03814

PROPERTY ADDRESS 547 Hudson St. TAX MAP 21 BLOCK 547 LOT

IS THIS YOUR PRIMARY RESIDENCE? YES NO

STEP 2
VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Tax Credit Veterans' Standard (RSA 72:28) Tax Credit for Service-Connected Total Disability (RSA 72:35) Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name Robert F Davis Dates of Military Service Enter (MMDDYYYY) 4. Date of Entry 8-29-67 5. Date of Discharge/Release 8-28-69

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

6. Name of Allied Country Served in Vietnam 7. Branch of Service Army 8. Please Check One. US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service

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

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? 50% by wife Davis 50%

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 [Signature] DATE 11/26/10

SIGNATURE (IN INK) OF PROPERTY OWNER [Signature] DATE 11/30/10

WHEN TO FILE

Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. (See instructions for more details)

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. (See instructions for more details)

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

109
JC

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: Robert F. Dan's
Address of Applicant's Principal Place of Abode: 547 Hudson St.
Map and Lot Number of Applicant's Principal Place of Abode: 21-547
Date of Original Application to Municipality: 11-26-18

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) 8-29-67-8-28-69 Name of Conflict: Vietnam

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: Vietnam Service Medal, etc.

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_Dischg_Papers_Web_0804.doc

Documentation Reviewed By: [Signature] Application Approved by: [Signature] 2/24/2020

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: _____


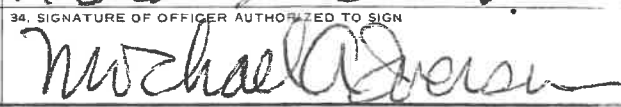
Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

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: _____

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME DAVIS ROBERT FRANCIS			2. SERVICE NUMBER			3. SOCIAL SECURITY NUMBER 001 34 0903				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR MSC			5a. GRADE, RATE OR RANK 1LT		6. PAY GRADE 0-2	6. DATE OF RANK 29 Aug 68	DAY	MONTH	YEAR	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5. PLACE OF BIRTH (City and State or Country) Haverhill, Massachusetts			9. DATE OF BIRTH 18 Nov 45	DAY	MONTH	YEAR		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			c. DATE INDUCTED NA				
	11a. TYPE OF TRANSFER OR DISCHARGE Release from Active Duty			b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Devens, Mass.							
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY ETS Sec XIV AR 635-100 SPN 611			d. EFFECTIVE DATE 28 Aug 69	DAY	MONTH	YEAR				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1st US Army MHC US Army Hospital Fort Devens, Mass.			13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED None				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Trans to USAR Control Gp (Anl Tng) USAAC St Louis, Missouri			15. REENLISTMENT CODE NA							
	16. TERMINAL DATE OF RESERVE UMT'S OBLIGATION DAY MONTH YEAR 9 Jun 73			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED XX OTHER Ordered to AD from USAR			b. TERM OF SERVICE (Years) NA	c. DATE OF ENTRY DAY MONTH YEAR 29 Aug 67			
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NA			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC 2LT			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Durham, New Hampshire				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 142 Little River Road Hampton, New Hampshire 03842			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS		
	23a. SPECIALTY NUMBER & TITLE 3506 Med Svc Corp			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA			d. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	0	0
							(2) OTHER SERVICE	0	2	20	
							(3) TOTAL (Line (1) plus Line (2))	2	2	20	
			b. TOTAL ACTIVE SERVICE			2	2	20			
			c. FOREIGN AND OR SEA SERVICE			0	10	18			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL, VIETNAM SERVICE MEDAL, VIETNAM CAMPAIGN RIBBON w/device "60"											
25. EDUCATION AND TRAINING COMPLETED NA											
<p>RECEIVED</p> <p>NOV 26 2018</p> <p>Town of Seabrook - Assessor's Office</p> <p>Mil Justice Btl Indoc Code of Conduct Non Jud Punish</p>											
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NA			b. DAYS ACCRUED LEAVE PAID 33		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA	
	28. VA CLAIM NUMBER NA			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE							
REMARKS	30. REMARKS Civilian Education Completed: 16 Years BA - Biology Blood Group - O+ Item 5a - PERM 1LT USAR apt 29 Aug 69										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 142 Little River Road Hampton, New Hampshire 03842					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER MICHAEL A. IVERSEN 1LT, AGC, Asst AG					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 					

FORM PA-33

RECEIVED

NOV 26 2018

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

STATEMENT OF QUALIFICATION

For Property Tax Credit or Exemption Under RSA 72:33,V (to be submitted with Form PA-29)

Town of Seabrook Assessor's Office

USE THIS FORM ONLY IF YOUR PROPERTY IS HELD IN A TRUST OR AS A LIFE ESTATE

WHO	To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.
WHY	Chapter 102, Laws of 1994 has made it possible for a property owner to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.
WHEN	This completed form shall be submitted with the Permanent Application Form PA-29 (RSA 72:33) for property tax credit or exemption, to the local assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be refiled unless the status of the trust or life estate is changed or altered.

TYPE OR PRINT	LAST NAME	FIRST NAME	INITIAL
	DAVIS ROBERT T Nancy		
	MAILING ADDRESS		
	547 HUDSON ST.		
CITY/TOWN	STATE	ZIP CODE	
Seabrook	NH	03874	
LOCATION OF PROPERTY:	ADDRESS	CITY/TOWN	
	547 HUDSON ST.		

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29,VI based upon the following: (check one)

Equitable title holder, life interest or beneficial interest owner of a trust

If this statement is checked, you must supply a copy of:

- (a) a Trust Instrument as defined in RSA 564-B:1-103 (20) OR
- (b) a Certification of Trust prepared in accordance with RSA 564-B:10.

Name of Trust: Davis Family Trust - 547 Robert 5090 Nancy 5090.

Life estate owner

If this statement is checked, you must supply a copy of the deed showing the assigned ownership of the life estate.

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details: _____

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.

X Robert F. Davis DATE 11/26/18

SIGNATURE (IN INK) PRINT NAME TELEPHONE NUMBER

Robert F. Davis Nancy L. Davis (508) 851-8488

Nancy L. Davis 1/30/20

**Declaration of Trust
Establishing
Davis Family Trust -547**

The undersigned, Edward R. Davis of 122 Little River Road, Hampton, New Hampshire 03842 and Robert F. Davis of 7 Stoney Hill Road, Mattapoisett, MA 02739, hereby declare that any and all property and interest in property that may be acquired hereunder ("the Trust Estate"), shall be held in trust for the sole benefit of the beneficiaries for the time being hereunder, upon the terms herein set forth. The term "Trustees" wherever used herein shall mean the Trustees named herein and such person or persons who hereafter are serving as Trustee or Trustees hereunder, and the rights, powers, authority and privileges granted hereunder to the Trustees shall be exercised by such person or persons subject to the provisions hereof. The trustees of the Trust shall be Edward R. Davis and Robert F. Davis.

1. The term "Beneficiaries" wherever used herein shall mean the beneficiary or beneficiaries listed in the Schedule of Beneficial Interests this day executed and filed with the Trustees or in the revised Schedule of Beneficial Interests, if any, from time to time executed and filed with the Trustees. The Trustee shall not be affected by any assignment or transfer of any beneficial interest until receipt by the Trustees of notice that such assignment or transfer has in fact been made and a revised Schedule of Beneficial Interests shall have been duly executed and filed with the Trustees. Any beneficiary designated as a "Successor Beneficiary" in the Schedule of Beneficiaries shall have no interest in or to the trust corpus until the death of the Beneficiary from which their interest shall derive. Any Trustee may without impropriety become a beneficiary hereunder and exercise all rights of a beneficiary with the same effect as though he were not a Trustee. This Trust may be referred to as the "Davis Family Trust - 547" and is intended to be a grantor trust, so-called, for Federal and state income tax purposes.

2. The Trustees shall have absolute control, management and disposition of the trust property as if they were the absolute owners thereof, free from the direction and control of the beneficiaries and subject only to the limitations and conditions of this trust. Without limiting the generality of the Trustees' powers granted above, the Trustees shall have full power to act as they shall think fit in the sole interest of the beneficiaries.

3. The Trustees shall hold the principal of this Trust and receive the income therefrom for the benefit of the beneficiaries and shall pay over the principal and income to the beneficiaries at their discretion. When, as, if and to the extent specifically directed by the beneficiaries, the Trustees shall have full power and authority, which they shall exercise, to buy, deal in and manage real estate, improved and unimproved, to sell, convey, assign, mortgage or otherwise dispose of all or any part of the Trust Estate (including without limitation the full power and authority to delegate to any person or persons acting singly or together with others and whether or not serving as a Trustee hereunder) full power and authority to sign checks, drafts, notes, bills of exchange, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable (including those drawn to the individual order of a signer, and all waivers of demand, protest, notice of protest or dishonor of

ROCKINGHAM COUNTY
REGISTRY OF DEEDS

002822

2001 JAN 16 AM 9:56

ROCKINGHAM COUNTY
REGISTRY OF DEEDS

DAVIS FAMILY TRUST - 547
REVISED SCHEDULE OF BENEFICIARIES

As a result of the executed assignment and resignation, the beneficiaries of the **Davis Family Trust - 547** are as follows:

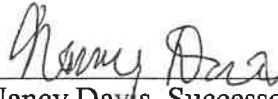
<u>Beneficiaries</u>	<u>Revised Assignment of Beneficial Interest</u>
Robert F. Davis Nancy Davis	50% each as joint tenants with rights of survivorship

RECEIPT OF SCHEDULE OF BENEFICIARIES

We, the undersigned, hereby certify that we are the Trustees under said Declaration of Trust and that the attached Revised Assignment of Beneficial Interest has been filed with us this 20th day of April, 2016.



Robert F. Davis, Trustee



Nancy Davis, Successor Trustee

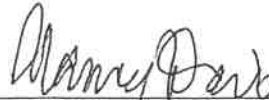
The terms of said Trust are hereby approved and the undersigned Beneficiaries agree with the Trustee of said Trust (a) to be bound by said Trust, and (b) to save the Trustees harmless from any personal liability for any action taken at the direction of the Beneficiaries, or for any error of judgment, or for any loss arising out of any act or omission in the execution of the Trust so long as the Trustees act in good faith, and (c) that the Trustees may withhold from any distribution, transfer or conveyance such amounts as he from time to time reasonably deem necessary to protect himself from such liability, and (d) that each Trustee shall be responsible only for such Trustee's own willful breach of trust, and (e) to reimburse the Trustees for any expenses incurred in the performance of his duties.

EXECUTED as a sealed instrument this 20th day of June, 2016.

Davis Family Trust - 547



Robert F. Davis, Beneficiary



Nancy Davis, Beneficiary