

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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Spinale	Marcia	W
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS		
	40 Alison Dr		
CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED			
40 Alison Dr			

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP #	BLOCK #	LOT #	
	2	67		
	<b>VETERANS' TAX CREDIT</b>			Granted/Denied Date
	<input type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$		
	<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$		
<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"/> Review Discharge Papers (ei: Form DD214), Form #				
<input type="checkbox"/> Other Information				

<input type="checkbox"/> Total Exemption		<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	Granted	Denied	Date
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>						
<b>Income Limits</b>	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category			
Single	\$	\$ 38,000	65 - 74 years of age	\$	160,000	
Married	\$	\$ 58,000	75 - 79 years of age	\$	170,000	
<b>Asset Limits</b>			80 + years of age	\$	200,000	
Single	\$	\$ 250,000				
Married	\$	\$ 250,000				

<b>OTHER EXEMPTIONS</b>			Granted	Denied	Date
<input checked="" type="checkbox"/> Elderly Exemption	Amount \$	200,000	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Disabled Exemption	Amount \$				
<input type="checkbox"/> Improvements to Assist the Deaf	Amount \$				
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	Amount \$				
<input type="checkbox"/> Blind Exemption	Amount \$				
<input type="checkbox"/> Deaf Exemption	Amount \$				
<input type="checkbox"/> Solar Energy Systems Exemption	Amount \$				
<input type="checkbox"/> Woodheating Energy Systems Exemption	Amount \$				
<input type="checkbox"/> Wind-Powered Energy Systems Exemption	Amount \$				

<b>Elderly &amp; Disabled Tax Deferral</b>		Granted	Denied
<input type="checkbox"/> Elderly and Disabled Tax Deferral	Amount \$		

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)

<b>STEP 3 COM- MENTS/ NOTES</b>	Municipal Comments/Notes	
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<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	Theresa Kyle, Chairman		
	Ella Brown		
	Aboul B. Khan		

<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .
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PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLDCK/LOT

Eld.

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

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER  
  
 If real address is a PA 98000?  YES  NO  
 APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI  PHONE NUMBER   
 APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI  PHONE NUMBER   
 MAILING ADDRESS   
 CITY/TOWN  STATE  ZIPCODE   
 PROPERTY ADDRESS  TAX MAP  BLOCK  LOT   
 IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

VETERAN'S INFORMATION

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  Dates of Military Service Enter (MMDDYYYY)  4. Date of Entry  5. Date of Discharge/Release   
 IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)  
 6. Name of Allied Country Served in  7. Branch of Service   
 9. Does any other eligible Veteran own interest in this property?  
 YES NO if YES, provide name  
 YES  NO   
 8. Please Check One.  
 US Citizen at time of entry into Service  
 Alien but resident of NH at time of entry into Service

PROPERTY OWNER NAME

STANDARD EXEMPTIONS

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)  
 Electric Energy Storage Systems Exemption (RSA 72:85)

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.

*Marcia R. Spinale*  
SIGNATURE (IN INK) OF PROPERTY OWNER

4/25/2020  
DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

TAX MAP | BLOCK | LOT

Eld  
E80

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS  
OPTIONAL ADJUSTED ELDERLY EXEMPTION  
FOR THE TOWN OF SEABROOK, NH**

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area provided. All financial documents and bank statements must be included with application.

**RECEIVED**

APR 13 2020

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): MARCIA WINSLOW SPINALE

Mailing address: 40 ALISON DRIVE

Marital status: married: \_\_\_\_\_ single: \_\_\_\_\_ Widow(er):

Residence owned: solely:  joint tenants: \_\_\_\_\_ w/other(s) \_\_\_\_\_ Trust: \_\_\_\_\_ Life estate \_\_\_\_\_

Number of years owned residence: 21 I have been a legal resident of NH since: 1999

Date of birth: 11/21/40 Age: 80 Spouse's date of birth: 8/29/97 Age: 82

Do you own real estate other than your occupied NH residence? NO (If yes, please attach tax bill)

**2) Income Information (yearly amount from last year)**

**VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED**

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>8814.00</u> <i>before death of husband</i>	\$ <u>22007.00</u> <i>deceased 12-10-19</i>	
b. Pension & Retirement	\$ <u>602.00</u>	\$ <u>1,698.00</u>	<i>she is reapplying as single</i>
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>20,604.00</u>	\$ <u>23,720.00</u>	\$ <u>50,604.00</u> <i>at</i>
	\$ <u>8814.00</u>	\$ <u>23,720.00</u>	\$ <u>32,534</u>
	<b>Total Income</b>	<b>Total Income</b>	<b>Total of all Income</b>

Are you required to file an interest and dividends tax return to the State of New Hampshire? NO (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? NO (If yes, please provide a copy of your most recent federal income tax return. If no, please sign the attached form 8821 authorizing the Town of Seabrook to contact the IRS for verification purposes.)

3. Asset Information

a. Type of property for which exemption is claimed: Single Family  Multi-family \_\_\_\_\_

b. If multi-family, in which unit do you reside? \_\_\_\_\_ What is the living area of your unit? 4 RMS

Assets:

Please list all assets owned (self & Spouse)

Savings Accounts or Investments/Certificates: (CD's, stocks, bonds, IRA's, annuities, travel trailers, RV's, boats, antiques, cars, etc.)

**YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)**

Savings Account:	Institution <u>PROVIDENT</u>	Value \$ <u>12,030.56</u> ✓
Checking Account:	Institution <u>PROVIDENT</u>	Value \$ <u>12,200.65</u> ✓
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5,000

Vehicles:

Car make HYUNDAI Model KONA Year 2019 Mileage 10,744 Value \$ 20,300

Car make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_ Value \$ \_\_\_\_\_

Boat make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_ Value \$ \_\_\_\_\_

RV make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_ Value \$ \_\_\_\_\_

Real Estate: Other than your occupied NH Residence

Property type \_\_\_\_\_ In town & State \_\_\_\_\_ Value \$ \_\_\_\_\_

Property type \_\_\_\_\_ In town & State no Value \$ \_\_\_\_\_

Total of all assets \$ 59,531.21 *OK*

I swear under penalty of perjury, that all the above is correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Seabrook Assessor's Office. I release all persons whomsoever from any liability resulting from the release of this information.

Applicant's Signature: Marcin J. Spidle Spouse's Signature: \_\_\_\_\_ Date: 4/10/2020

Telephone number: 603-397-9943

(Office use only) Reviewed by *OK*  
4/14/20

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

2-67

FILE # 2019011539

FULL NAME OF DECEASED: VINCENT JAMES SPINALE  
 DATE OF DEATH: DECEMBER 10, 2019  
 DATE OF BIRTH: AUGUST 29, 1937  
 AGE: 82 YRS  
 SEX: MALE  
 MOTHER'S/PARENT'S NAME: HAZEL SPINALE (STANLEY)  
 FATHER'S/PARENT'S NAME: SALVATORE SPINALE  
 PLACE OF BIRTH: PEABODY, MASSACHUSETTS  
 PLACE OF DEATH: DOVER, NEW HAMPSHIRE  
 MARRIAGE STATUS: MARRIED  
 SPOUSE'S/PARTNER'S NAME PRIOR TO THIS MARRIAGE/CIVIL UNION: MARCIA BELL  
 SOCIAL SECURITY NUMBER: 019-28-9821  
 RESIDENCE: SEABROOK, NEW HAMPSHIRE  
 PLACE OF DISPOSITION: PURITAN LAWN MEMORIAL PARK, PEABODY, MASSACHUSETTS

DATE OF DISPOSITION: DECEMBER 16, 2019  
 MANNER OF DEATH: NATURAL  
 FILE DATE: DECEMBER 12, 2019  
 CAUSE OF DEATH:  
 a HEART FAILURE  
 APPROX. INTERVAL: ONSET TO DEATH  
 YEARS  
 b ATHEROSCLEROTIC HEART DISEASE  
 YEARS  
 c  
 d

OTHER SIGNIFICANT CONDITIONS:  
 DIABETES MELLITUS, KIDNEY FAILURE, HEPATITIS C

DESCRIPTIVE HOW INJURY OCCURRED

DATE/TIME OF INJURY  
 PLACE OF INJURY  
 LOCATION OF INJURY  
 NAME AND ADDRESS OF CERTIFIER:  
 PATRICK E CLARY MD, 285 COUNTY FARM ROAD, DOVER, NEW HAMPSHIRE 03820

MARGINAL NOTES

4041, son Dr.

RECEIVED

JAN 14 2020

Town of Seabrook Assessor's Office



3256319

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

ATTEST: Susan M. [Signature] STATE LOCAL REGISTRAR

Denise M. Gonyer Denise M. Gonyer, State Registrar

DATE ISSUED: December 12, 2019 STATE/CITY/TOWN OF: DOVER

This copy not valid without official vital record watermark, holographic seals, and displaying seal and signature of Registrar. It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VS-SP1