

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 Lee	FIRST NAME Kassandra	INITIAL L
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS 45 Boa Lane		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 45 Boa Lane		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 3	BLOCK # 4	LOT # 145	
	VETERANS' TAX CREDIT			Granted/Denied Date
	<input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ 750	<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"/> Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	Granted	Denied	Date
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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	Amount \$ _____	Granted	Denied
<input type="checkbox"/> Elderly and Disabled Tax Deferral		<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
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STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	Ella Brown, Chairman		
	Aboul B. Khan		
	Theresa Kyle		

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

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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

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Kassandra Lee
APPLICANT'S LAST NAME

Lee
APPLICANT'S FIRST NAME

Lee
APPLICANT'S LAST NAME

Kassandra
APPLICANT'S FIRST NAME

MI

MI

PHONE NUMBER

PHONE NUMBER

MAILING ADDRESS
45 Boag lane

CITY/TOWN
Seabrook

STATE
NH

ZIPCODE
03874

PROPERTY ADDRESS
45 Boag lane

TAX MAP
3

BLOCK
4

LOT
145

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook
Assessor's Office
If required, is a Deadweight Assessor on file?
 YES NO

PROPERTY OWNER NAME

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
Kassandra Lee Coolbaugh

Dates of Military Service
Enter (MMDDYYYY)
7-26-05

4. Date of Entry
10-27-05

5. Date of Discharge/Release
10-27-05

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

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.

Kassandra Lee
SIGNATURE (IN INK) OF PROPERTY OWNER

03/02/2021
DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

TAX MAP | BLOCK | LOT

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: Kassandra L Lee
Address of Applicant's Principal Place of Abode: 45 Boa lane
Map and Lot Number of Applicant's Principal Place of Abode: 3-4-145
Date of Original Application to Municipality: 3-2-21

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) 7-26-05 - 10-27-05

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_Dischg_Papers_Web_0804.doc

Documentation Reviewed By: *Suzanne Carlier* Application Approved by: OK (A) 3/10/2021

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: _____

¹ Revised September, 2006
veteransworksheetsWInst

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last First Middle) COOLBAUGH, KASSANDRA LEE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY ARNGUS		3. SOCIAL SECURITY NUMBER 022 72 020	
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E03	5. DATE OF BIRTH (YYYYMMDD) 19861016	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20120216		
7a. PLACE OF ENTRY INTO ACTIVE DUTY AMESBURY, MASSACHUSETTS		b. HOME OF RECORD A TIME OF ENTRY (City and state or complete address if known) 262 MARKET ST AMESBURY MASSACHUSETTS 01913			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO F 82D CH BH T TC			b. STATION WHERE SEPARATED FORT LEONARD WOOD, MO 65473-5000		
9. COMMAND TO WHICH TRANSFERRED ARNG OF MA			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 100,000.00		
11. PRIMARY SPECIALTY (List number title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 74D10 CHEMICAL OPS SP - 00 YRS 00 MOS. NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2005	07	26
		b. SEPARATION DATE THIS PERIOD	2005	10	27
		c. NET ACTIVE SERVICE THIS PERIOD	0000	03	01
		d. TOTAL PRIOR ACTIVE SERVICE	0000	02	08
		e. TOTAL PRIOR INACTIVE SERVICE	0001	00	24
		f. FOREIGN SERVICE	0000	00	00
		g. SEA SERVICE	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title number of weeks and month and year completed) CHEM OPERATIONS SPECIALIST, 11 WEEKS, OCT 2005. NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM					
b. HIGH SCHOOL GRADUATE OR EQUIVALENT					
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			
18. REMARKS MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE. NOTHING FOLLOWS					

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Town of Seabrook
Assessor's Office

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 262 MARKET ST AMESBURY MASSACHUSETTS 01913		b. NEAREST RELATIVE (Name and address - include ZIP Code) RALPH T COOLBAUGH 262 MARKET ST AMESBURY MASSACHUSETTS 01913	
20. MEMBER REQUESTS COPY 8 BE SENT TO MA		DIRECTOR OF VETERANS AFFAIRS	
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kassandra Lee Coolbaugh</i>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) BRIAN RAYMOND, GS07, HRA <i>[Signature]</i>	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE	
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE	30. MEMBER REQUESTS COPY 4 (in pairs)



The Commonwealth of Massachusetts

CT 3547993

Certificate of Marriage

FROM THE RECORDS OF MARRIAGES IN THE CITY OF AMESBURY, MASSACHUSETTS, U.S.A.

Date of Marriage: NOVEMBER 18, 2006

Place of Marriage: AMESBURY, MA

PARTY A	PARTY B
Present Name: KASSANDRA LEE COOLBAUGH	Present Name: JOSEPH CARL CRISSINGER
Surname to be used after marriage: CRISSINGER	Surname to be used after marriage: CRISSINGER
Age / DOB: OCTOBER 16, 1986	Age / DOB: APRIL 18, 1985
Residence: WINCHENDON, MA	Residence: AMESBURY, MA
Number of Marriage: FIRST	Number of Marriage: FIRST
Widowed or Divorced: ---	Widowed or Divorced: ---
Occupation: MA ARNG FOOD SERVICE	Occupation: ACTIVE DUTY ARMY
Birthplace: BOSTON, MA	Birthplace: SALEM, MA
Name of Father: RALPH THOMAS COOLBAUGH	Name of Father: PAUL CRISSINGER
Name of Mother/Maiden: KIMBERLY ANN ORME/ADAMS	Name of Mother/Maiden: MARGARET ANN CRISSINGER/LAMONICA

Name, residence and official station of person by whom married:
NICHOLAS J. COSTELLO, AMESBURY, MA- JUSTICE OF THE PEACE

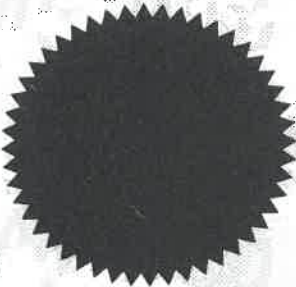
Date of Record: **NOVEMBER 20, 2006**

I, *Christine Dixon*, depose and say that I hold the office of City Clerk of the City of Amesbury, County of Essex, and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths required by law to be kept in said City are in my custody, and that the above is a true copy from the records of Marriages in said City as certified by me.

WITNESS my hand and the seal of said City, on the 18 day of JULY 2019.

Christine Dixon
 City Clerk

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VOID IF ALTERED OR ERASED