

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 Spruce	FIRST NAME Susan	INITIAL F		
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL		
	MAILING ADDRESS 163 Ocean Drive				
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 163 Ocean Drive				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 21		BLOCK # 3	LOT #	
	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>	
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>750</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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Other Information _____		<input type="checkbox"/>	<input type="checkbox"/>
	VETERANS' EXEMPTION			<u>Granted</u> <u>Denied</u> <u>Date</u>	
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>
	<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				
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

RECEIVED

MAR 22 2021

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 AND APPLICANT INFORMATION

OWNER: Susan F Spruce REVOC TRST

APPLICANT'S LAST NAME: Spruce APPLICANT'S FIRST NAME: Susan MI: F PHONE NUMBER: 474-3529

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

MAILING ADDRESS: 143 Ocean Dr

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

PROPERTY ADDRESS: 143 Ocean Dr TAX MAP: 21 BLOCK: _____ LOT: 3

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook
If required, RSA 33 on file
 YES NO
Seabrook's Office

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: Earl R. Spruce Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 12-2-64 5. Date of Discharge/Release: 5-6-65

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

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

9. Does any other eligible Veteran own interest in this property?
YES NO 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

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)

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: [Signature] DATE: 3-22-21

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

TAX MAP | BLOCK | LOT

reg.
[Signature]

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: Earl R. Spruce ^{Dec.} (Susan Spruce)
Address of Applicant's Principal Place of Abode 163 Ocean Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 21-3
Date of Original Application to Municipality: 3-22-21

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) 12-2-64 - 5-6-65

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: [Signature] Application Approved by: [Signature] 3/31/21

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

STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER: Susan Spruce
APPLICANT'S LAST NAME: Spruce
APPLICANT'S FIRST NAME: Susan
MAILING ADDRESS: 163 Ocean Dr
CITY/TOWN: Seabrook
STATE: NH
ZIPCODE: 03874
PROPERTY ADDRESS: 163 Ocean Dr.

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- [X] Grantor/Revocable Trust
[] Equitable Title holder or
[] Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): Susan F. Spruce Revoc Trust.

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 [Signature] Susan Spruce 3-22-2021
SIGNATURE (IN INK) PRINT NAME DATE

X
SIGNATURE (IN INK) PRINT NAME DATE

474-2529
TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. Contains instructions for filing the form and details about property ownership.

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME SPRUCE EARL ROGER		2. SERVICE NUMBER ER 01101 00		3 a. GRADE, RATE OR RANK PVT E-2 (P)		b. DATE OF RANK (Day, Month, Year) 1 DEC 64			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY HEAR INF		5. PLACE OF BIRTH (City and State or Country) SALMON FALLS NH			6. DATE OF BIRTH 16 DEC 43		9. MARITAL STATUS SINGLE		
	7 a. RACE NA	b. SEX MALE	c. COLOR HAIR BLACK	d. COLOR EYES BLUE	e. HEIGHT 5-8	f. WEIGHT 149	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10 a. HIGHEST CIVILIAN EDUCATION LEVEL 1YR COL	
	10 a. HIGHEST CIVILIAN EDUCATION LEVEL 1YR COL		b. MAJOR COURSE OR FIELD ENGR							
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE REL TO USAR				b. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ					
	c. REASON AND AUTHORITY AR 140-220 & 635-205 SPN 764 EARLY REL FROM AGDUTRA				d. EFFECTIVE DATE 6 MAY 65					
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO C 5TH T/R FT DIX NJ 1ST USA				13. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NONE			
	14. SELECTIVE SERVICE NUMBER 27 9 43 391		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LB # 9 DOVER NH			16. DATE INDUCTED NA				
	17. DISTRICT OR AREA OF TRANSFER TO WHICH RESERVIST TRANSFERRED REL TO USAR 1ST US ARMY CORPS									
SERVICE DATA	18. TERMINAL DATE OF OBLIGATION 20 JUN 70		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 checked="" type="checkbox"/> OTHER: ORDERED TO AGDUTRA			b. TERM OF SERVICE (Years) NA		c. DATE OF ENTRY 22 DEC 64		
	20. PRIOR SERVICE ENLISTMENTS NA		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-2		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) DOVER NH					
	23. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 28 HIGH DOVER NH				24. STATEMENT OF SERVICE		e. DATE OF ENTRY			
	25 a. SERVICE NUMBER AND TITLE 911 COO		b. RELATED CIVILIAN OCCUPATION AND NUMBER EXEC CHIEF 2-26 01		c. NET SERVICE THIS PERIOD 5		d. OTHER SERVICE 11		e. TOTAL (Line 10 + line 11) 16	
	26. DECORATIONS, MEDALS, AWARDS, COMMENDATIONS, CITATIONS AND CAMPAIGN NUMBERS AWARDED OR AUTHORIZED NA		27. WOUNDS AND INJURIES RESULT OF ACTION WITH ENEMY FORCES (Place and Date, if known) NA		28. SERVICE TRAINING COURSES AND/OR POST-QUALITY COURSES SUCCESSFULLY COMPLETED FT DIX NJ 8 WRS 65		29. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED COOK CRS		30. SERVICE TRAINING COURSES NOT SUCCESSFULLY COMPLETED NA	
	30 a. GOVERNMENT LIFE INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT		c. MONTH ALLOTMENT DISCONTINUED NA		31 a. VA BENEFITS PREVIOUSLY APPLIED FOR NA			
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR		b. VA CLAIM NUMBER		c. NA					
	32. REMARKS SSAN 002 30 4042 LUMP SUM PAYMENT MADE FOR 3 DAYS ACCRUED LEAVE BLOOD GROUP O 5 MONTHS AGDUTRA									
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) SEE ITEM #23					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Earl Spruce</i>				
	35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CARLOS E RIVERA 2ND LT INF ASST ADJ					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Carlos E Rivera</i>				

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE
FINISH FILE PERS B6131

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE