

**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION**

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI

APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI

MAILING ADDRESS

CITY/TOWN STATE ZIPCODE

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed

TAX MAP BLOCK LOT

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

VETERANS' TAX CREDITS / EXEMPTION

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Review Applicable Discharge Papers Form(s) <input type="text"/>				
<input type="checkbox"/> Other Information <input type="text"/>				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="radio"/> Veteran <input type="radio"/> Surviving Spouse		GRANTED <input type="radio"/>	DENIED <input type="radio"/>	<input type="text"/>

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single	<input type="text"/>	\$44,000	<input type="text"/>	65-74 years of age <input type="text" value="\$192,000"/>
Married	<input type="text"/>	\$67,000	<input type="text"/>	75-79 years of age <input type="text" value="\$204,000"/>
Asset Limits				80+ years of age <input type="text" value="\$240,000"/>
Single	<input type="text"/>	\$250,000	<input type="text"/>	
Married	<input type="text"/>	\$250,000	<input type="text"/>	

STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	\$240,000	<input type="radio"/>	<input type="radio"/>	04/17/2023
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Blind Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Deaf Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Disabled Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Solar Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

ELDERLY / DISABLED TAX DEFERRAL

Elderly & Disabled Tax Deferral GRANTED DENIED AMOUNT DATE

For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)

STEP 3 COMMENTS / NOTES

Municipal Notes

NEW FOR 2023

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

MUNICIPAL AUTHORIZATION

STEP 4 SIGNATURES

_____ THERESA KYLE, CHAIRMAN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ SRINIVASAN RAVIKUMAR (RAVI) PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ HAROLD EATON PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE

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 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at www.nh.gov/btla; or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

INSTRUCTIONS

STEP 1 PROPERTY OWNER'S INFORMATION

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.
Check the box(es) Granted or Denied which apply.
Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.
Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.
For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.
All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

STEP 3 COMMENTS / NOTES

Optional space to place any notes or comments which the applicant should be made aware of.

STEP 4 SIGNATURES

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP 9 BLOCK 25 LOT 0

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)				
<input type="checkbox"/> Other Information				

VETERANS' EXEMPTION

Certain Disabled Veterans' Exemption GRANTED DENIED

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single			<u>44,000</u>	65-74 years of age <u>192,000</u>
Married			<u>67,000</u>	75-79 years of age <u>204,000</u>
Asset Limits				80+ years of age <u>240,000</u>
Single			<u>250,000</u>	
Married			<u>30,000</u>	

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	<u>240,000</u>	<input type="radio"/>	<input type="radio"/>	<u>4/17/23</u>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- * List of assets, value of each asset, net encumbrance and net value of each asset.
- * State Interest and Dividends Tax Form.
- * Statement of applicant and spouse's income.
- * Property Tax Inventory Form filed in any other town.
- * Federal Income Tax Form.

* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

Municipal Notes

New up

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <u>Theresa Kyle (Chair)</u>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <u>Srinivasan Ravikumar (RAVI)</u>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <u>Harold Eaton</u>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE

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

RECEIVED

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.

APR 11 2023
Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Annabelle Boyd

Mailing address: 114 Railroad Ave. Seabrook, N.H. 03874

Marital status: married: _____ single: _____ Widow(er): X

Residence owned: solely: X joint tenants: _____ w/other(s) _____ Trust: _____ Life estate _____

Number of years owned residence: 56 I have been a legal resident of NH since: Always

Date of birth: 01/22/40 Age: 83 Spouse's date of birth: _____ Age: _____

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>24,070.80</u> ✓	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ <u>7,200</u> <i>live in</i> ✓	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ <u>\$</u>	\$ _____	
	\$ <u>31,270.80</u>	\$ _____	\$ <u>31,270.80</u> ✓
	Total Income	Total Income	Total of all Income

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 X Multi-family _____

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

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>BANK PROVO SAVINGS</u>	Value \$ <u>13422.02</u> ✓
Checking Account:	Institution <u>TD BANK checking</u>	Value \$ <u>6925.19</u> ✓
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 700.00 ✓

Vehicles:

Car make <u>Toyota</u>	Model <u>Camry</u>	Year <u>2013</u>	Mileage <u>46035</u>	Value \$ <u>8,000</u>
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 _____	Value \$ _____

Total of all assets \$ 28947.51 ✓ 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 o this information.

Applicant's Signature: Annabelle Boyd Spouse's Signature: _____ Date: 04/10/23

Telephone number: 603-474-2845 (Office use only) Reviewed by MF ✓ OK

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V

928-0

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

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

TYPE OR PRINT

OWNER : ANNABELLE BOYD

APPLICANT'S LAST NAME ANNABELLE APPLICANT'S FIRST NAME BOYD MI

APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI

MAILING ADDRESS 114 RAILROAD AVE

CITY/TOWN SEABROOK STATE NH ZIP CODE 03874

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 114 RAILROAD AVE

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)

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

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APR 12 2023

Town of Seabrook
Assessor's Office

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): _____

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 Annabelle Boyd
SIGNATURE (IN INK)

PRINT NAME

4/12/23
DATE

X _____
SIGNATURE (IN INK)

PRINT NAME

DATE

TELEPHONE NUMBER _____

WHO MUST FILE	To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal 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 re-filed unless the status of the trust or life estate is changed or altered.

Sanders & McDermott

ATTORNEYS AT LAW

Wilfred L. Sanders, Jr.
Edward J. McDermott
John V. Daly
Ann C. Thompson
Lawrence M. Edelman
Mark E. Beliveau
M. Elaine Beauchesne
Michael B. King
Edwinna C. Vanderzanden
Martin F. Smith, Jr.
Patricia M. Weathersby

ESTATE PLANNING

OF

ANNABELLE BOYD

DATED: January 17, 1996

RECEIVED

APR 12 2023

Town of Seabrook
Assessor's Office

Prepared By:

Edward J. McDermott, Esq.

ANNABELLE BOYD REVOCABLE TRUST - 1996

I, ANNABELLE BOYD, being an unremarried widow, of 114 Railroad Avenue, Seabrook, County of Rockingham and State of New Hampshire, hereinafter called the "GRANTOR" and MYSELF, hereinafter called the "TRUSTEE" hereby transfers to TRUSTEE, the property identified in the attached Schedule of Property. The trust property so identified and any other property added to the trust in accordance with the provisions of this instrument, and all investments and reinvestments thereof ("trust principal") shall be held upon the following terms:

ARTICLE I - NAME

This instrument, as from time to time amended, may be designated the "ANNABELLE BOYD REVOCABLE TRUST - 1996,".

ARTICLE II - LIFETIME DISTRIBUTIONS

Commencing as of the date of this instrument and during my life, the trustee shall administer the trust principal and any net income thereof as follows:

A. The trustee shall distribute to me or apply for my benefit such amounts of net income and principal, even to the extent of exhausting principal, as the trustee believes desirable from time to time for my health, support in reasonable comfort, best interests, and welfare, considering all circumstances and factors deemed pertinent by the trustee. Any undistributed net income shall be accumulated and added to principal, as from time to time determined by the trustee.

B. In addition, the trustee shall distribute to me or others such amounts of net income and principal as I may from time to time direct in writing, except that if the trustee believes that I am unable to manage my business affairs properly because of advanced age, illness, or other cause, the trustee may, in the trustee's sole discretion, decide not to honor my written direction.

ARTICLE III - DEBTS, EXPENSES AND TAXES

Following my death, the trustee may pay to the legal representative of the Grantor's estate, as an expense of administration, such sum or sums as the legal representative may certify to be due and payable from the estate of the Grantor for debts, funeral expenses, expenses of my last illness, administration expenses and legacies (other than residuary) under the will of the Grantor. The trustee is directed to pay any amounts certified by the legal representative of the Grantor's estate as due for state or federal estate taxes (including penalties on any death taxes). The certification of the legal representative as to the amount of such debts, funeral expenses, expenses of my last illness, taxes, administration expenses and legacies shall be sufficient authority to the trustee to pay the same, and the trustee's judgment as to such payments shall be binding and conclusive upon all parties. If no petition has been filed for the appointment of a legal representative within ninety (90) days after the death of the Grantor, the trustee may pay any of the Grantor's debts, funeral expenses, expenses of my last