

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 <b>DELVISCIO</b>	FIRST NAME <b>MARY</b>	INITIAL <b>M</b>
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS <b>194 TILTON ST</b>		
	CITY/TOWN <b>Seabrook</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>194 TILTON ST</b>		

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>20</b>	BLOCK # <b>194</b>	LOT # <b>0</b>	
	<b>VETERANS' TAX CREDIT</b>			Granted/Denied Date
	<input type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$		<input 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"/> 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	\$	\$ <b>44,000</b>	65 - 74 years of age	\$ <b>192,000</b>
Married	\$	\$ <b>67,000</b>	75 - 79 years of age	\$ <b>204,000</b>
<b>Asset Limits</b>			80 + years of age	\$ <b>240,000</b>
Single	\$	\$ <b>250,000</b>		
Married	\$	\$ <b>250,000</b>		

<b>OTHER EXEMPTIONS</b>		Granted Denied Date
<input checked="" type="checkbox"/> Elderly Exemption	Amount \$ <b>192,000</b>	<input checked="" 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		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Wind-Powered Energy Systems Exemption		<input type="checkbox"/> <input type="checkbox"/>

*THIS LADY WAS NOT a late filer. I was waiting for more paperwork*

<b>Elderly &amp; Disabled Tax Deferral</b>	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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)	

<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes <b>REFILE AS SINGLE, HUSBAND PASSED AWAY 1/26/23</b>
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<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	<b>Srinivasan Ravikumar, Chairman</b>		
	<b>Theresa Kyle</b>		
	<b>Harold Eaton</b>		

**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](http://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

APR 13 2023

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER  
 If required, is a PA-33 on file?  
 YES  NO  
 APPLICANT'S LAST NAME: HEATH APPLICANT'S FIRST NAME: MARY MI: H PHONE NUMBER: [redacted]  
 APPLICANT'S LAST NAME: APPLICANT'S FIRST NAME: MI: PHONE NUMBER:  
 MAILING ADDRESS: 194 TILTON ST  
 CITY/TOWN: STATE: ZIP CODE:  
 PROPERTY ADDRESS: 194 TILTON ST TAX MAP: 20 BLOCK: 194 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 applicable):  
 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: 12/16/55 10b. Spouse's Date of Birth:  
 11.  Improvements to Assist Persons with Disabilities (RSA 72:37-a) (67)  
 12.  Blind Exemption (RSA 72:37)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

13.  Deaf Exemption (RSA 72:38-b)  Electric Energy Storage Systems Exemption (RSA 72:85)  
 Disabled Exemption (RSA 72:37-b)  Wind-Powered Energy Systems Exemption (RSA 72:66)  
 Solar Energy Systems Exemption (RSA 72:62)  Woodheating Energy Systems Exemption (RSA 72:70)  
 Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

STEP 4  
RESIDENCY

14.  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

15. Do you own 100% interest in this residence?  Yes  No If NO, what percent (%) do you own? [redacted]

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: [Handwritten Signature] DATE: 4/13/23  
 Signature (in ink) of Property Owner: DATE:

TAX MAP | BLOCK | LOT

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

**RECEIVED**

APR 13 2023

Town of Seabrook  
Assessor's Office

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.

**1) Personal Information**

Applicant's name(s): Mary Del Visco  
 Mailing address: 194 Tilton St Seabrook NH 03874  
 Marital status: married: \_\_\_\_\_ single: \_\_\_\_\_ Widow(er):   
 Residence owned: solely:  joint tenants: \_\_\_\_\_ w/other(s) \_\_\_\_\_ Trust: \_\_\_\_\_ Life estate \_\_\_\_\_  
 Number of years owned residence: 53 I have been a legal resident of NH since: 60  
 Date of birth: 12/16/35 Age: 67 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>10,521.00</u>	\$ _____
b. Pension & Retirement	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ <u>(2114.00) half of DIVIDENDS</u>	\$ _____
f. Interest Income	\$ _____	\$ _____
	\$ <u>12,635.00</u>	\$ _____
	<b>Total Income</b>	<b>Total Income</b>

*husband  
passed  
away  
1/26/23  
refill  
as single*

\$ 12,635.00 ✓  
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? yes ✓ (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? \_\_\_\_\_

**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 _____	Value \$ _____
Checking Account:	Institution <u>Citizens Bank</u>	Value \$ <u>3627.29</u> ✓
IRA:	Institution _____	Value \$ _____
CD: <u>Stocks</u>	Institution <u>Duke Energy</u>	Value \$ <u>34,411.91</u> ✓
Type <u>401K</u>	Institution <u>Empower Retirement</u>	Value \$ <u>28,587.11</u> ✓
Type <u>Stocks</u>	Institution <u>Bank of America</u>	Value \$ <u>37,356.66</u> ✓
<u>Stocks</u>	<u>ENbridge</u>	<u>21,339.13</u> ✓

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2000.00

**Vehicles:**

Car make <u>Subaru</u>	Model <u>Impreza</u>	Year <u>2009</u>	Mileage <u>95,000</u>	Value \$ <u>2000.00</u>
Car make <u>Nissan</u>	Model <u>Sentra</u>	Year <u>2006</u>	Mileage <u>198,000</u>	Value \$ <u>1600.00</u>
Boat make _____	Model _____	Year _____	Mileage _____	Value \$ _____
RV make _____	Model _____	Year _____	Mileage _____	Value \$ _____

**Real Estate:** Other than your occupied NH Residence

Property type <u>apt</u>	In town & State <u>144 Tilton St - upstairs</u>	Value \$ <u>36,900</u>
Property type _____	In town & State <u>not rented</u>	Value \$ _____

Total of all assets \$ 169,278 ✓ 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: Mary Lou Vico Spouse's Signature: \_\_\_\_\_ Date: 4/13/23

Telephone number: 603 918 3129 (Office use only) Reviewed by [Signature]

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2023001139

FULL NAME OF DECEASED **STEPHEN CHRISTOPHER DELVISCIO**  
 DATE OF DEATH **JANUARY 26, 2023** AGE **66 YRS** SEX **MALE**  
 TIME OF DEATH **UNKNOWN**  
 DATE OF BIRTH **DECEMBER 20, 1956**  
 BIRTHPLACE **PHILADELPHIA, PENNSYLVANIA**  
 OTHER'S/PARENT'S NAME **JULIANA DELVISCIO (DRABYAK)**  
 FATHER'S/PARENT'S NAME **VINCENT L DELVISCIO**  
 PLACE OF DEATH **SEABROOK, NEW HAMPSHIRE**  
 DOMESTIC STATUS **MARRIED**  
 SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION **MARY M HEATH**  
 SOCIAL SECURITY NUMBER **243-08-3034**  
 RESIDENCE **SEABROOK, NEW HAMPSHIRE**  
 PLACE OF DISPOSITION **PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE**  
 DATE OF DISPOSITION **FEBRUARY 01, 2023**  
 MANNER OF DEATH **NATURAL** FILE DATE **JANUARY 31, 2023**  
 CAUSE OF DEATH **CARDIAC ARREST** APPROX INTERVAL ONSET TO DEATH **UNKNOWN**

CONGESTIVE HEART FAILURE

UNKNOWN

ATRIAL FIBRELLATION

UNKNOWN

OTHER SIGNIFICANT CONDITIONS

COPD, TOBACCO ABUSE

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

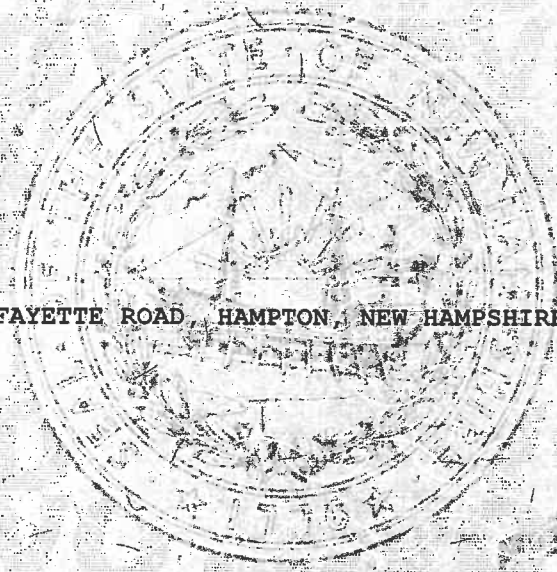
PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

MOLLY A VIENS APRN, 879 LAFAYETTE ROAD, HAMPTON, NEW HAMPSHIRE 03842

ORIGINAL NOTES



3911119

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:

*Juan Buchanan*

STATE/LOCAL REGISTRAR

DATE ISSUED:

STATE/CITY/TOWN OF:

*Patricia D. Peticuch*  
Patricia D. Peticuch, Acting State Registrar

This copy not valid without official vital record watermark, holographic seals, and displaying seal and signature of Registrar.



# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2022** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

<b>Box 1. Name</b> MARY M DEL VISCIO		<b>Box 2. Beneficiary's Social Security Number</b> 018-48-0495
<b>Box 3. Benefits Paid in 2022</b> \$10,521.00	<b>Box 4. Benefits Repaid to SSA in 2022</b> NONE	<b>Box 5. Net Benefits for 2022 (Box 3 minus Box 4)</b> \$10,521.00
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>
Paid by check or Direct deposit \$8,990.10 Medicare Part B premiums deducted from your benefits \$1,530.90 Total Additions \$10,521.00 Benefits for 2022 \$10,521.00		NONE
		<b>Box 6. Voluntary Federal Income Tax Withheld</b> NONE
		<b>Box 7. Address</b> MARY M DEL VISCIO 194 TILTON ST SEABROOK NH 03874-4730
		<b>Box 8. Claim Number (Use this number if you need to contact SSA.)</b> 018-48-0495A