

**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 Doyle	FIRST NAME Catherine	INITIAL M						
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL						
	MAILING ADDRESS 5 Tyngsboro St								
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874						
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 5 Tyngsboro St									
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 21		BLOCK # 26	LOT # 27					
	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>					
	<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 _____							
	VETERANS' EXEMPTION			<u>Granted</u> <u>Denied</u> <u>Date</u>					
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<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	\$		\$	44,000		65 - 74 years of age	\$	192,000	
Married	\$		\$	67,000		75 - 79 years of age	\$	204,000	
Asset Limits						80 + years of age	\$	240,000	
Single	\$		\$	250,000					
Married	\$		\$	250,000					
OTHER EXEMPTIONS						<u>Granted</u> <u>Denied</u> <u>Date</u>			
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	240,000			<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	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 COM- MENTS/ NOTES	Municipal Comments/Notes								
	re-apply as single								
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date			
	Theresa Kyle, Chairman								
	Srinivasan Ravikumar								
	Harold Eaton								
APPEAL PROCE- DURE	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/BLK/LT

RECEIVED

JAN 25 2024

Eld.

Town of Seabrook Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER
 APPLICANT'S LAST NAME: Catherine Doyle Thomas Ciullo
 APPLICANT'S FIRST NAME: Catherine
 MI: M.
 PHONE NUMBER: []

APPLICANT'S LAST NAME: []
 APPLICANT'S FIRST NAME: []
 MI: []
 PHONE NUMBER: []

MAILING ADDRESS
 5 Tynghboro St
 CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS
 5 Tynghboro St TAX MAP: 21 BLOCK: 26 LOT: 27

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

1. APPLICANT IS THE:
 Veteran
 Spouse
 Surviving Spouse

2. APPLYING FOR:
 Veterans' Tax Credit (RSA 72:26) 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

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: 7-7-28 (1990) 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)

TAX MAP | BLOCK | LOT

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: Catherine Doyle
 DATE: 1/24/24

SIGNATURE (IN INK) OF PROPERTY OWNER: []
 DATE: []

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**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

JAN 25 2024

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Catherine Doyle

Mailing address: 5 Tyngsboro St

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

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

Number of years owned residence: 50 I have been a legal resident of NH since: 1974

Date of birth: 7-7-1928 Age: 95 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	
Social Security:	\$ <u>13,858.80</u>	\$ _____	
Pension & Retirement	\$ _____	\$ _____	
Wages:	\$ _____	\$ _____	
Rental Income:	\$ _____	\$ _____	
Other Income:	\$ _____	\$ _____	
Interest Income	\$ _____	\$ _____	
	\$ <u>13,858.80</u>	\$ _____	<u>13,858.80</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 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>TD BANK</u>	Value \$ <u>525.46</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000

Vehicles:

Car make _____	Model _____	Year _____	Mileage _____	Value \$ _____
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 \$ 3525.46

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: [Signature] Spouse's Signature: _____ Date: 1/24/94

Telephone number: X 603-531-0042 (Office use only) Reviewed by GC

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2023006266

FULL NAME OF DECEASED

JOHN BARRY DOYLE

DATE OF DEATH

JUNE 12, 2023

AGE 96 YRS

SEX MALE

TIME OF DEATH

8:46 PM

DATE OF BIRTH

JANUARY 03, 1927

BIRTHPLACE

NEWBURYPORT, MASSACHUSETTS

MOTHER'S/PARENT'S NAME

MARY DOYLE (MOYNIHAN)

FATHER'S/PARENT'S NAME

NORMAN DOYLE

PLACE OF DEATH

SEABROOK, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR

CATHERINE L MITCHELL

TO FIRST MARRIAGE/CIVIL UNION

032-18-9481

SOCIAL SECURITY NUMBER

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

OAKHILL CEMETERY, NEWBURYPORT, MASSACHUSETTS

DATE OF DISPOSITION

JUNE 17, 2023

MANNER OF DEATH

NATURAL

FILE DATE JUNE 14, 2023

APPROX INTERVAL: ONSET TO DEATH

CAUSE OF DEATH

a INTRACEREBRAL HEMORRHAGE

9 DAYS

b

c

d

OTHER SIGNIFICANT CONDITIONS

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

CHRISTEN M DOUCET MD, 21 HAMPTON ROAD, EXETER, NEW HAMPSHIRE 03833

MARGINAL NOTES



3878497

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:

Signature of Registrar

STATE/LOCAL REGISTRAR:

Signature of Kristin M. Kenniston

Kristin M. Kenniston, State Registrar

DATE ISSUED:

June 15, 2023

STATE/CITY/TOWN OF:

SEABROOK

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.



VS-SP1

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION
For Property Tax Credit or Exemption Under RSA 72:33,V
(to be submitted with Form PA-29)

USE THIS FORM ONLY IF YOUR PROPERTY IS HELD IN A TRUST OR AS A LIFE ESTATE

WHO	To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.
WHY	Chapter 102, Laws of 1994 has made it possible for a property owner to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.
WHEN	This completed form shall be submitted with the Permanent Application Form PA-29 (RSA 72:33) for property tax credit or exemption, to the local 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 refiled unless the status of the trust or life estate is changed or altered.

PLEASE TYPE OR PRINT	LAST NAME DOYLE	FIRST NAME CATHERINE L & JOHN B	INITIAL
	MAILING ADDRESS 5 TYNGSBORO STREET		
	CITY/TOWN SEABROOK	STATE NH	ZIP CODE 03874
	LOCATION OF PROPERTY: ADDRESS 26 TYNGSBORO STREET	CITY/TOWN SEABROOK	

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29,VI based upon the following: (Please Check One)

- Equitable title holder, life interest or beneficial interest owner of a trust.**
If this statement is checked, you must supply a copy of:
(a) a Trust Instrument as defined in RSA 564-B:1-103 (20) **OR**
(b) a Certification of Trust prepared in accordance with RSA 564-B:10.

- Life estate owner.**
If this statement is checked, you must supply a copy of the deed showing the assigned ownership of the life estate.

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details: 21-26-27



I certify, under the penalty of perjury, that information I have provided above is true and correct:

SIGNATURE (IN INK) John B Doyle Catherine L. Doyle DATE 4/24/08

32 of 54

TIMOTHY F. SULLIVAN
ATTORNEY AT LAW
246 HIGH STREET
NEWBURYPORT, MA 01950

21-26-27

BK 3401 PG 1828

ROCKINGHAM COUNTY
REGISTRY OF DEEDS
WARRANTY DEED

0045468

We, JOHN B. DOYLE and CATHERINE L. DOYLE, husband and wife, of

Seabrook, Rockingham County, State of New Hampshire

for consideration paid,

grant to our daughter, CATHERINE M. DOYLE and THOMAS CIULLO as joint tenants with right of survivorship

of Worcester, Worcester County, Massachusetts

with *warranty covenants* subject to the reservation hereinafter set forth of estates for our own lifetimes

A certain tract of land with all the buildings thereon situated in Seabrook Beach, County of Rockingham, State of New Hampshire, being the Easterly twenty-five (25) feet of Lot numbered 27 and the Westerly twenty-five (25) feet of Lot numbered 26 in Block 7, Section 1, on plan of Seabrook Beach, Seabrook, N.H., drawn by John P. Titcomb, C.E., recorded with Rockingham Records, Plat 27, Page 1, and bounded as follows:

- SOUTHERLY fifty (50) feet by Tyngsboro Street;
- WESTERLY one hundred (100) feet by the remainder of said Lot numbered 27;
- NORTHERLY fifty (50) feet by part of Lot numbered 6 and part of Lot numbered 7, both on said Plan; and
- EASTERLY one hundred (100) feet by the remainder of said Lot numbered 26.

Being the same premises conveyed to the grantors by deed of Julian J. Burgiel, dated May 1, 1974 and recorded with Rockingham County Registry of Deeds in Book 2220, Page 1272.

Subject to any and all outstanding mortgages on the premises which the Buyers, by accepting this deed, assume and agree to pay.

The grantors hereby reserve life estates for each of themselves and for the life of the survivor of the said grantors in and to the above described premises and this conveyance is subject to such life estates.

NO TITLE EXAMINATION REQUESTED OR PERFORMED.

Witness our hands and seals this 28th day of May, 1999.

Timothy F. Sullivan
Witness
to both
Witness

John B. Doyle
John B. Doyle
Catherine L. Doyle
Catherine L. Doyle

JUN 24 8 35 AM '99

LOCUS: 5 Tyngsboro Street
Seabrook, NH