

**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 Skinner	FIRST NAME John	INITIAL W						
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL						
	MAILING ADDRESS 45 Bruce Road								
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874						
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 45 Bruce Road								
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 15		BLOCK # 102	LOT # 45					
	VETERANS' TAX CREDIT			Granted/Denied Date					
	<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"/>			
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<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"/>			
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	Other Information _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	VETERANS' EXEMPTION			Granted Denied Date					
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<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				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				Granted	Denied				
<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				
	Theresa Kyle, Chairman								
	Srinivasan Ravikumar								
	Harold Eaton								
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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FEB 16 2024

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER

J+L Skinner Trust

If required, is a PA-33 on file?

YES NO

APPLICANT'S LAST NAME
Skinner

APPLICANT'S FIRST NAME
John

MI
W.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

45 Bruce Rd

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

45 Bruce Rd.

TAX MAP

15

BLOCK

102

LOT

45

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook
Mayor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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

John W. Skinner

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

5-10-1984

5. Date of Discharge/Release

9-25-1985

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

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)

- Blind Exemption (RSA 72:37)
- Deaf Exemption (RSA 72:38-b)
- Disabled Exemption (RSA 72:37-b)
- Electric Energy Storage Systems Exemption (RSA 72:85)
- Solar Energy Systems Exemption (RSA 72:62)
- Wind-Powered Energy Systems Exemption (RSA 72:66)
- 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

DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

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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: John W. Skinner
Address of Applicant's Principal Place of Abode: 45 Bruce Rd
Map and Lot Number of Applicant's Principal Place of Abode: 15-102-45
Date of Original Application to Municipality: 2-16-2024

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) 5-10-84-9-25-1985

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: Gemma Caputo Application Approved by: BOS.

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
veteransworksheets\Inst

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION 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, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE TYPE OR PRINT

OWNER: J+L Skinner Trust
APPLICANT'S LAST NAME: Skinner, APPLICANT'S FIRST NAME: John
APPLICANT'S LAST NAME: Skinner, APPLICANT'S FIRST NAME: Linda
MAILING ADDRESS: 45 Bruce Rd
CITY/TOWN: Seabrook, STATE: NH, ZIP CODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 45 Bruce Rd.

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): J+L Skinner Trust

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

Explanation or additional details: [Empty box]

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] SIGNATURE (IN INK)

John W Skinner PRINT NAME

2/16/2024 DATE

[Signature] SIGNATURE (IN INK)

PRINT NAME

DATE

603-548-3364 TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners wishing to establish their status as grantor of a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29...



DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) SKINNER JOHN WILLIAM 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF 3. SOCIAL SECURITY NO. 6800 800 7800

4a. GRADE, RATE OR RANK A1C 4b. PAY GRADE E3 5. DATE OF BIRTH 1961 Dec 22 6. PLACE OF ENTRY INTO ACTIVE DUTY Tampa FL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3902 SPS (SAC) 8. STATION WHERE SEPARATED Offutt AFB NE

9. COMMAND TO WHICH TRANSFERRED USAFR 10. SGLIC COVERAGE AMOUNT 35 000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 81150, Security Specialist, 1 year and 3 months.

12. RECORD OF SERVICE			
	YEAR (S)	MON (S)	DAY (S)
a. Date Entered AD This Period	1984	May	10
b. Separation Date This Period	1985	Sep	25
c. Net Active Service This Period	01	04	16
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	08	09
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	1985	Jul	10
i. Reserve Oblig Term Date	1990	May	09

13. DECORATIONS, MEDALS, ACHIEVEMENTS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon.

14. MILITARY EDUCATION (Course, Title, number weeks, and month and year completed) USAF Basic Military Training School, 6 weeks, Jun 1984. Security Specialist Course, 8 weeks, Aug 1984.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID -3.0-

18. REMARKS

Continuous Active Military Service Date: 10 May 1984-----NOTHING FOLLOWS-----
Cy3 to VA Data Processing Center 1615 E. Woodward St. Austin TX 78772
Cy 5 to USIDC PO Box 44246 Capitol Station BatonRouge LA 70804
Cy 6 to Divison of VA PO Box 1437 St. Petersburg FL 33731

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FEB 16 2024
Town of Seabrook Assessor's Office

19. MAILING ADDRESS AFTER SEPARATION 754 Humming Bird Lane Orlando, FL 32825 20. MEMBER REQUESTS COPY 6 BE YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED John W. Skinner 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICER AUTHORIZED TO SIGN DONALD J. KNISLEY, MSgt, USAF NCOIC, Separations & Retirements

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY 24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE 25. SEPARATION AUTHORITY AFR 39-10 26. SEPARATION CODE M20 27. REENLISTMENT CODE 3A

28. NARRATIVE REASON FOR SEPARATION VOLUNTEERED TO SERVE WITH USAFR

29. MEMBER REQUESTS COPY 1 NONE INITIALS

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 1 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) SKINNER JOHN WILLIAM 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF 3. SOCIAL SECURITY NO.

4A. GRADE, RATE OR RANK ATC 4B. PAY GRADE E3 5. DATE OF BIRTH 1961 Dec 22 6. PLACE OF ENTRY INTO ACTIVE DUTY Tampa FL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3902 SPS (SAC) 8. STATION WHERE SEPARATED Offutt AFB NE

9. COMMAND TO WHICH TRANSFERRED USAFR 10. SGLI COVERAGE AMOUNT \$ 35 000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 81150, Security Specialist, 1 year and 3 months.

Table with 4 columns: RECORD OF SERVICE, YEAR (y), MON (s), DAY (s). Rows include Date Entered AD This Period (1984 May 10), Separation Date This Period (1985 Sep 25), Net Active Service This Period (01 04 16), Total Prior Active Service (00 00 00), Total Prior Inactive Service (00 08 09), Foreign Service (00 00 00), Sea Service (00 00 00), Effective Date of Pay Grade (1985 Jul 10), Reserve Oblig. Term. Date (1990 May 09).

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon.

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) USAF Basic Military Training School, 6 weeks, Jun 1984. Security Specialist Course, 8 weeks, Aug 1984.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM [] YES [X] NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT [X] YES [] NO 17. DAYS ACCRUED LEAVE PAID - 30 -

18. REMARKS Continuous Active Military Service Date: 10 May 1984 - NOTHING FOLLOWS

19. MAILING ADDRESS AFTER SEPARATION 754 Humming Bird Lane Orlando, FL 32825 20. MEMBER REQUESTS COPY 6 BE [] YES [X] NO DIR. OF VET AFFAIRS [X] YES [] NO

21. SIGNATURE OF MEMBER BEING SEPARATED John W. Skinner Sr. 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN DONALD J. KNISLEY, MSgt, USAF NCOIC, Separations & Retirements

S/N 0102-LF-000-2140

MEMBER - 1

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FEB 16 2024

Town of Seabrook Assessor's Office