

**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>Tuccelli</b>		FIRST NAME <b>Marilyn</b>		INITIAL <b>G</b>	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS <b>PO Box 788</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>61 Silver St</b>					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>14</b>		BLOCK # <b>6</b>	LOT # <b>114</b>		
	<b>VETERANS' TAX CREDIT</b>					
	<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 _____				
	<b>VETERANS' EXEMPTION</b>					
	<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"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>						
<b>Income Limits</b>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		
Single	\$		\$	<b>44,000</b>		
Married	\$		\$	<b>67,000</b>		
<b>Asset Limits</b>						
Single	\$		\$	<b>250,000</b>		
Married	\$		\$	<b>250,000</b>		
			<b>Elderly Exemption Per Age Category</b>			
			65 - 74 years of age	\$	<b>192,000</b>	
			75 - 79 years of age	\$	<b>204,000</b>	
			80 + years of age	\$	<b>240,000</b>	
<b>OTHER EXEMPTIONS</b>						
<u>Granted</u> <u>Denied</u> <u>Date</u>						
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	<b>240,000</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	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"/>	
<b>Elderly &amp; Disabled Tax Deferral</b>						
<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 <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>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date	
	<b>Srinivasan Ravikumar, Chairman</b>					
	<b>Harold Eaton</b>					
	<b>Theresa Kyle</b>					
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .					

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

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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

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>			
	OWNER		If required, is a PA-33 on file?	
	Marilyn Tuccelli + Crystal M. Manani		<input type="radio"/> YES <input type="radio"/> NO	
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	Tuccelli	Marilyn	6.	
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	MAILING ADDRESS			
	P.O. Box 788			
	CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874	
PROPERTY ADDRESS	TAX MAP	BLOCK	LOT	
61 Silver St	14	6	114	
IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	<b>VETERAN'S INFORMATION</b>			
	1. APPLICANT IS THE:		2. APPLYING FOR:	
	<input type="radio"/> Veteran		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)	
	<input type="radio"/> Spouse		<input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750)	
	<input type="radio"/> Surviving Spouse		<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)	
			<input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")	
			<input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500)	
			<input type="checkbox"/> 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?		8. Please Check One.		
YES	NO	<input type="radio"/> US Citizen at time of entry into Service		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Alien but resident of NH at time of entry into Service		
STEP 3 EXEMPTIONS	<b>STANDARD EXEMPTIONS</b>			
	10. <input checked="" type="checkbox"/> 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 1-23-32 10b. Spouse's Date of Birth			
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)			
	<b>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</b>			
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)	
	<input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)	
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)	
	<input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)			
	STEP 4 RESIDENCY	13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)		
<input checked="" type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed				
<input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/>			
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.			
	Marilyn Tuccelli		X 3-25-2024	
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	
SIGNATURE (IN INK) OF PROPERTY OWNER		DATE		

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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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.

**1) Personal Information**

Applicant's name(s): Marilyn G. Tuccelli

Mailing address: 61 Silver St. P.O. Box 788

Marital status: married: \_\_\_\_\_ single: \_\_\_\_\_ Widow(er):

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

Number of years owned residence: 48 I have been a legal resident of NH since: 1986

Date of birth: 1-23-32 Age: 92 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>16,736.40</u>	\$ _____	
Pension & Retirement	\$ _____	\$ _____	
Wages:	\$ _____	\$ _____	
Rental Income:	\$ _____	\$ _____	
Other Income:	\$ _____	\$ _____	
Interest Income	\$ _____	\$ _____	
	\$ <u>16,736.40</u>	\$ _____	\$ <u>16,736.40</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 Santander Value \$ 1445.91

IRA: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

CD: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1,000

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 \$ 2,445.91

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: Marilyn Tuccella Spouse's Signature: \_\_\_\_\_ Date: 3-25-24

Telephone number: 474-8903 (Office use only) Reviewed by GC

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2023005929

FULL NAME OF DECEASED **SALVATORE A. TUCELLI**  
 DATE OF DEATH **JUNE 05, 2023** AGE **90 YRS** SEX **MALE**  
 TIME OF DEATH **APPROX 04:20 AM**  
 DATE OF BIRTH **JUNE 27, 1932**  
 BIRTHPLACE **WILMINGTON, MASSACHUSETTS**  
 MOTHER'S/PARENT'S NAME **ANTOINETTA TUCELLI (MACARIO)**  
 FATHER'S/PARENT'S NAME **ANTONIO TUCELLI**  
 PLACE OF DEATH **PORTSMOUTH, NEW HAMPSHIRE**  
 DOMESTIC STATUS **MARRIED**  
 SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION **MARILYN G WEEDEE**  
 SOCIAL SECURITY NUMBER **030-24-6374**  
 RESIDENCE **SEABROOK, NEW HAMPSHIRE**  
 PLACE OF DISPOSITION **PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE**  
 DATE OF DISPOSITION **JUNE 08, 2023**  
 MANNER OF DEATH **NATURAL** FILE DATE **JUNE 06, 2023**  
 CAUSE OF DEATH **ACUTE KIDNEY INJURY/RENAL FAILURE** APPROX INTERVAL: ONSET TO DEATH **UNKNOWN**

OTHER SIGNIFICANT CONDITIONS  
**HEART FAILURE EXCERBATION , CHRONIC KIDNEY DISEASE**

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY  
 PLACE OF INJURY  
 LOCATION OF INJURY  
 NAME AND ADDRESS OF CERTIFIER  
**BILAL K ALAM MD, 333 BORTHWICK AVENUE, PORTSMOUTH, NEW HAMPSHIRE 03801**

MARGINAL NOTES



3965399

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]*

STATE/LOCAL REGISTRAR:  
*[Signature]*  
 STATE/CITY/TOWN OF:  
 Kristin M. Kenniston, State Registrar

DATE ISSUED: **June 06, 2023** STATE/CITY/TOWN OF: **NORTH HAMPTON**

This copy not valid without official vital record watermark, holographic seals, and displaying seal and signature of Registrar. It shall be unlawful for any person to reproduce this certificate other than local or State Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE