

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 Johston Family Revoc Trust | | FIRST NAME | INITIAL | | | | |
| | PROPERTY OWNER'S LAST NAME Johnston | | FIRST NAME Deborah | INITIAL A | | | | |
| | MAILING ADDRESS 93 Viola Circle | | | | | | | |
| | CITY/TOWN Seabrook | | STATE NH | ZIP CODE 03874 | | | | |
| | PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 93 Viola Circle | | | | | | | |
| STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL | CITY/TOWN TAX MAP # 14 | | BLOCK # 29 | LOT # 36 | | | | |
| | VETERANS' TAX CREDIT | | | | | | | |
| | | | Granted/Denied | Date | | | | |
| | <input type="checkbox"/> | Veterans' Tax Credit \$50 minimum (to \$500) | Amount \$ _____ | _____ | | | | |
| | <input type="checkbox"/> | Service Connected Total & Permanent Disability \$700 minimum to \$2000 | Amount \$ _____ | _____ | | | | |
| | <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"/> | Review Discharge Papers (ei: Form DD214), Form # _____ | | | | | | |
| | <input type="checkbox"/> | Other Information _____ | | | | | | |
| | 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"/> | | |
| 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 | | | | Granted | Denied | Date | | |
| <input checked="" type="checkbox"/> | Elderly Exemption | Amount \$ 192,000 | <input checked="" type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Disabled Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Improvements to Assist the Deaf | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Improvements to Assist Persons with Disabilities | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Blind Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Deaf Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Solar Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Woodheating Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Wind-Powered Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | | | | | |
| Elderly & Disabled Tax Deferral | | | | Granted | Denied | | | |
| <input type="checkbox"/> | Elderly and Disabled Tax Deferral | Amount \$ _____ | <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 | | |
| | Srinivasan Ravikumar, Chairman | | | | | | | |
| | Harold Eaton | | | | | | | |
| | Theresa Kyle | | | | | | | |
| 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

Eld.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

12/29/24

Seabrook
Mayor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

| STEP 1 OWNER AND APPLICANT INFORMATION | |
|---|---|
| STEP 1 OWNER AND APPLICANT NAME AND ADDRESS | OWNER <u>Johnston Family Revoc Trust.</u> |
| | APPLICANT'S LAST NAME <u>Johnston</u> APPLICANT'S FIRST NAME <u>Deborah</u> MI <u>A.</u> PHONE NUMBER <u></u> |
| | APPLICANT'S LAST NAME <u></u> APPLICANT'S FIRST NAME <u></u> MI <u></u> PHONE NUMBER <u></u> |
| | MAILING ADDRESS <u>93 Viola Circle</u> |
| | CITY/TOWN <u>Seabrook</u> STATE <u>NH</u> ZIPCODE <u>03874</u> |
| | PROPERTY ADDRESS <u>93 Viola Circle</u> TAX MAP <u>14</u> BLOCK <u>29</u> LOT <u>36</u> |
| | IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO |
| | <p align="center">VETERAN'S INFORMATION</p> <p>1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse</p> <p>2. APPLYING FOR: <input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <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="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)</p> <p>3. Veteran's Name <u></u> Dates of Military Service Enter (MMDDYYYY) <u></u> 4. Date of Entry <u></u> 5. Date of Discharge/Release <u></u></p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)</p> <p>6. Name of Allied Country Served in <u></u> 7. Branch of Service <u></u></p> <p>9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="radio"/> <input type="radio"/> <u></u></p> <p>8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service</p> |
| <p align="center">STANDARD EXEMPTIONS</p> <p>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 <u>11-13-47</u> 10b. Spouse's Date of Birth <u></u></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p> | |
| <p align="center">LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</p> <p>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)</p> | |
| <p>STEP 4 RESIDENCY</p> <p>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 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)</p> | |
| <p>STEP 5 OWNERSHIP</p> <p>14. Do you own 100% interest in this residence? <input type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u></p> | |
| <p>STEP 6 SIGNATURES</p> <p>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.</p> <p><u>Deborah A Johnston</u> SIGNATURE (IN INK) OF PROPERTY OWNER</p> <p><u>12/29/24</u> DATE</p> <p>_____ SIGNATURE (IN INK) OF PROPERTY OWNER</p> <p>_____ DATE</p> | |

2025
E75

E65

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

RECEIVED

FEB 29 2024

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): Deborah A Johnston
 Mailing address: 93 Viola Circle Seabrook, NH 03874-4697
 Marital status: married: _____ single: _____ Widow(er): _____
 Residence owned: solely: _____ joint tenants: _____ w/other(s) _____ Trust: Life estate _____
 Number of years owned residence: 23 I have been a legal resident of NH since: 2001
 Date of birth: 11/13/49 Age: 74 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>25,126.80</u> | \$ _____ | |
| b. Pension & Retirement | \$ <u>3648.84</u> <u>Pub. retirement</u> | \$ _____ | |
| c. Wages: | \$ _____ | \$ _____ | |
| d. Rental Income: | \$ _____ | \$ _____ | |
| e. Other Income: | \$ <u>DIV. 3233.</u> | \$ _____ | |
| f. Interest Income | \$ <u>6278</u> | \$ _____ | |
| | \$ <u>38,286.64</u> | \$ _____ | |
| | Total Income | Total Income | Total of all Income |
| | | | \$ <u>38,286.64</u> |

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 <u>bankpro - 8350 JFRT</u> | Value \$ <u>6037.95</u> |
| Checking Account: | Institution <u>bankpro - 7291</u> | Value \$ <u>1699.21</u> |
| IRA: | Institution _____ | Value \$ _____ |
| CD: | Institution _____ | Value \$ _____ |
| Type <u>basic aking</u> | Institution <u>bankpro - 7925</u> | Value \$ <u>6270.80</u> ✓ |
| Type <u>IRA</u> | Institution <u>Hennick + weesh (Wells Fargo)</u> | Value \$ <u>181,737.80</u> |

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000

Vehicles:

| | | | | |
|----------------------|----------------------|------------------|---------------------|-----------------------|
| Car make <u>Jeep</u> | Model <u>Compass</u> | Year <u>2023</u> | Mileage <u>1840</u> | Value \$ <u>Lease</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 \$ 240,007.96

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: Richard J. [Signature] Spouse's Signature: _____ Date: Feb 26, 24

Telephone number: 603 474-6936 (Office use only) Reviewed by GC

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 | Johnston Family Revoc Trust | | |
| APPLICANT'S LAST NAME | Johnston | APPLICANT'S FIRST NAME | Deborah MI A. |
| APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | MI |
| MAILING ADDRESS | 93 Vida Circle | | |
| CITY/TOWN | Seabrook | STATE | NH ZIP CODE 03824 |
| PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed | 93 Vida Circle | | |

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)

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.

RECEIVED

APR 5 2024


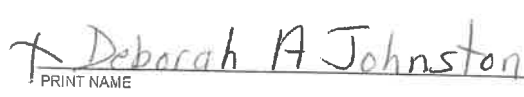

Town of Seabrook Assessor's Office

Legal Name of Trust (if different than above): Johnston Family Revoc Trust

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.

SIGNATURE (IN INK) PRINT NAME DATE

X
 SIGNATURE (IN INK) PRINT NAME DATE

603-474-6936
 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. |