

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 Livingstone	FIRST NAME Douglas	INITIAL K				
	PROPERTY OWNER'S LAST NAME Livingstone	FIRST NAME Judith	INITIAL				
	MAILING ADDRESS 173 Folly Mill Road						
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 173 Folly Mill Road						
		CITY/TOWN TAX MAP # 6	BLOCK # 31	LOT #			
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	VETERANS' TAX CREDIT			<u>Granted</u>	<u>Denied</u>	<u>Date</u>	
	<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			<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			_____
	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"/>	Disabled Exemption	Amount \$ _____			_____		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____			_____		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____			_____		
<input type="checkbox"/>	Blind Exemption	Amount \$ _____			_____		
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____			_____		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____			_____		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____			_____		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____			_____		
Elderly & Disabled Tax Deferral			<u>Granted</u>	<u>Denied</u>			
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____					
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						
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date				
	Srinivasan Ravikumar, Chairman						
	Harold Eaton						
	Theresa Kyle						
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 OWNERS NAME

PROPERTY OWNERS 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

APR 15 2024

Form with sections: STEP 1 OWNER AND APPLICANT INFORMATION, STEP 2 VETERAN'S INFORMATION, STEP 3 EXEMPTIONS, STEP 4 RESIDENCY, STEP 5 OWNERSHIP, STEP 6 SIGNATURES. Includes handwritten entries for names, addresses, and dates.

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

880

**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

APR 15 2024

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Douglas K Livingstone + Judith.

Mailing address: 173 Folly Mill Rd

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

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

Number of years owned residence: 35 years I have been a legal resident of NH since: 1978

Date of birth: 3/4/1949 Age: 82 Spouse's date of birth: 1/23/1944 Age: 80

Do you own real estate other than your occupied NH residence? Yes (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>28,568.40</u>	\$ <u>11,996.40</u>	
b. Pension & Retirement <u>2023</u>	\$ <u>3,752.00</u>	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>PROFIT Shannix 621.39</u> <u>Jackson National</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>33,941.79</u>	\$ <u>11,996.40</u>	\$ <u>44,938.19</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 XXXXXXXXXX	Value \$ <u>0</u>
Checking Account:	Institution <u>T.D Bank</u>	Value \$ <u>1,092.88</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>Life Ins.</u>	Institution <u>Jackson National Life</u>	Value \$ <u>111,783.64</u>
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5,000

Vehicles:

Car make <u>Chevy Silverado</u>	Model <u>3500 Crew Cab</u>	Year <u>2015</u>	Mileage <u>49,696</u>	Value \$ <u>43,553</u>	<u>Kelly Blue Book</u>
Car make <u>Chevy Traverse</u>	Model <u>Traverse</u>	Year <u>2019</u>	Mileage <u>44,645</u>	Value \$ <u>21,097</u>	
Boat make _____	Model _____	Year _____	Mileage _____	Value \$ _____	
RV make _____	Model _____	Year _____	Mileage _____	Value \$ _____	

Real Estate: Other than your occupied NH Residence

Property type <u>attached paper packet</u>	In town & State <u>Salisbury, MA</u>	Value \$ <u>36,900</u>
Property type _____	In town & State _____	Value \$ _____

Total of all assets \$ 125,026.52

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: Douglas K. Livingston Spouse's Signature: Jessica A. Livingston Date: 4/12/2024

Telephone number: 603-988-3666

(Office use only) Reviewed by [Signature]

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)

RECEIVED
APR 16 2024
TOWN OF SEABROOK
ASSESSOR'S OFFICE

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER	Livingstone Family Revoc Trust of 2021		
APPLICANT'S LAST NAME	Livingstone	APPLICANT'S FIRST NAME	Douglas MI R
APPLICANT'S LAST NAME	Livingstone	APPLICANT'S FIRST NAME	Judith MI
MAILING ADDRESS	173 Folly Mill Rd		
CITY/TOWN	Seabrook	STATE	NH ZIPCODE 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	173 Folly Mill 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)

- 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): Livingstone Family Revoc Trust of 2021

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

Explanation or additional details:

Judith Douglas are TRUSTEES

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.

Douglas Livingstone Douglas Livingstone 4/15/24
SIGNATURE (IN INK) PRINT NAME DATE

Judith Livingstone Judith Livingstone 4/15/24
SIGNATURE (IN INK) PRINT NAME DATE

603-918-8366
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.