

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	PHILLIP S. MERRILL		If required, Is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	MERRILL	APPLICANT'S FIRST NAME	PHILLIP	MI	S	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	174 SOUTH MAIN ST					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	147 GARDEN ST					
TAX MAP	16	BLOCK	73	LOT	0	

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

VETERANS' TAX CREDITS / EXEMPTION

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s) _____				
<input type="checkbox"/> Other Information _____				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse		GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Income Limits				
Single			44000.00	65-74 years of age 192000.00
Married			67000.00	75-79 years of age 204000.00
Asset Limits				80+ years of age 240000.00
Single			250000.00	
Married			250000.00	

STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	192000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

ELDERLY / DISABLED TAX DEFERRAL

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	AMOUNT	DATE
For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)				

STEP 3 COMMENTS / NOTES

Municipal Notes

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

	OWNER AND APPLICANT INFORMATION
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER <u>Philip S Mernell</u> APPLICANT'S LAST NAME <u>Mernell</u> APPLICANT'S FIRST NAME <u>Philip</u> MI <u>S.</u> PHONE NUMBER <u>603-874-1473</u>
	APPLICANT'S LAST NAME <u>Mernell</u> APPLICANT'S FIRST NAME <u>Philip</u> MI <u>S.</u> PHONE NUMBER <u>603-874-1473</u>
	MAILING ADDRESS <u>174 South Main St.</u> CITY/TOWN <u>Seabrook</u> STATE <u>NH</u> ZIP CODE <u>03874</u>
	PROPERTY ADDRESS <u>174 South Main St.</u> TAX MAP <u>14</u> BLOCK <u>73</u> LOT <u></u>
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION
	1. APPLICANT IS THE: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse
	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)
	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 (if applicable) <u></u>
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)
	6. Name of Allied Country Served in <u></u> 7. Branch of Service <u></u>
	9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="checkbox"/> <input type="checkbox"/> <u></u>
	8. Please Check One. <input type="checkbox"/> US Citizen at time of entry into Service <input type="checkbox"/> Alien but resident of NH at time of entry into Service
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS
	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>6-2-59</u> 10b. Spouse's Date of Birth <u>05</u>
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)
	13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85) <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70) <input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)
STEP 4 RESIDENCY	14. <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	15. Do you own 100% interest in this residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? <u></u>
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. <u>Philip S Mernell</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u>2/3/25</u>
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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 24 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Phillip S. Merrill

Mailing address: 174 South Main St

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

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

Number of years owned residence: 24 I have been a legal resident of NH since: 2001

Date of birth: 6/2/1959 Age: 65 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>18,480</u>	\$ _____
b. Pension & Retirement	\$ <u>N/A</u>	\$ _____
c. Wages:	\$ <u>N/A</u>	\$ _____
d. Rental Income:	\$ <u>N/A</u>	\$ _____
e. Other Income:	\$ <u>N/A</u>	\$ _____
f. Interest Income	\$ <u>N/A</u>	\$ _____
	\$ <u>18,480</u>	\$ <u>18,480</u>
	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 <u>Service Credit Union</u>	Value \$ <u>60.93</u>
Checking Account:	Institution <u>Service Credit Union</u>	Value \$ <u>1365.69</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1000.00

Vehicles: None

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 \$ 2426.62

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: Raoufhe Meulish Spouse's Signature: _____ Date: 1/16/2025

Telephone number: 474-9555 (Office use only) Reviewed by GL

Tracey 978-912-4555

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2023013591

FULL NAME OF DECEASED

SHERRY LYN MERRILL

DATE OF DEATH

APPROX DECEMBER 17, 2023

AGE 58 YRS

SEX FEMALE

TIME OF DEATH

UNKNOWN

DATE OF BIRTH

MAY 21, 1965

BIRTHPLACE

NEW BRAUNFELS, TEXAS

MOTHER'S/PARENT'S NAME

SALLY BEVERIDGE (RICH)

FATHER'S/PARENT'S NAME

JAMES BEVERIDGE

PLACE OF DEATH

SEABROOK, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR

PHILLIP MERRILL

TO FIRST MARRIAGE/CIVIL UNION

SOCIAL SECURITY NUMBER

228-82-4947

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE

DATE OF DISPOSITION

DECEMBER 30, 2023

MANNER OF DEATH

NATURAL

FILE DATE DECEMBER 27, 2023

CAUSE OF DEATH

APPROX INTERVAL: ONSET TO DEATH

a ACUTE MYOCARDIAL INFARCTION

1 DAY

OTHER SIGNIFICANT CONDITIONS

TOBACCO ABUSE, HYPERTENSION, HYPERLIPEMIA, OBESITY, MULTIPLE SCLEROSIS

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

MICHAEL WU MD, 21 HAMPTON ROAD, EXETER, NEW HAMPSHIRE 03833

MARGINAL NOTES



4068422

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:

Susan Bushman

STATE/LOCAL REGISTRAR:

DATE ISSUED:

December 28, 2023

STATE/CITY/TOWN OF:

Kristin M. Kenniston

Kristin M. Kenniston, State Registrar

NORTH HAMPTON

VS-SP1

This copy not valid without official vital record watermark, holographic seal, and displaying seal and signature of Registrar. It shall be unusable for any other purpose than as a true copy of the original.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

