

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION****STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER	LAMARCO FAMILY TRUST		If required, is a PA-33 on file?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
APPLICANT'S LAST NAME	LAMARCO	APPLICANT'S FIRST NAME	ANTONIO	MI	<input type="checkbox"/>	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI	<input type="checkbox"/>	
MAILING ADDRESS	25 PERKINS AVE #84					
CITY/TOWN	SEABROOK		STATE	NH	ZIP CODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 84 ELM CT						
TAX MAP	8	BLOCK	13	LOT	84	

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

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
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	240000.00	<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

	OWNER AND APPLICANT INFORMATION
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER <u>Lamarco Family Trust</u>
	APPLICANT'S LAST NAME <u>Lamarco</u> APPLICANT'S FIRST NAME <u>Antonio</u> MI <u></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>25 Perkins Ave Unit 84</u>
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	CITY/TOWN <u>Seabrook</u> STATE <u>NH</u> ZIP CODE <u>03874</u>
	PROPERTY ADDRESS <u>84 Elm Ct</u> TAX MAP <u>8</u> BLOCK <u>13</u> LOT <u>84</u>
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	VETERAN'S INFORMATION
STEP 3 EXEMPTIONS	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) If Adopted by Town 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) If Adopted by Town (\$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>
STEP 4 RESIDENCY	9. Does any other eligible Veteran own interest in this property? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, provide name <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
	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>1-27-39</u> 10b. Spouse's Date of Birth <u></u>
STEP 5 OWNERSHIP	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 6 SIGNATURES	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)
	15. Do you own 100% interest in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? <u></u>
	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>Antonio Lamarco</u> 2/21/25 SIGNATURE (IN INK) OF PROPERTY OWNER DATE
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE

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

FEB 21 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Antonio LaManno

Mailing address: 25 Perkins Ave Unit 84

84 Elm Ct

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: 2002

Date of birth: 9-27-34 Age: 90 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>24,434.10</u>	\$ _____
b. Pension & Retirement	\$ <u>6583.79</u>	\$ _____
c. Wages:	\$ <u>82.50</u>	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ _____	\$ _____
f. Interest Income	\$ _____	\$ _____
	\$ <u>31,100.39</u> Total Income	\$ <u>0</u> Total Income
		<u>31,100.39</u> 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? 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 _____	Value \$ _____
Checking Account:	Institution <u>Newburyport Bank</u>	Value \$ <u>2,525.42</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>Annuity</u>	Institution <u>AXA Equitable</u>	Value \$ <u>18,224.27</u>
Type _____	Institution _____	Value \$ _____

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

Vehicles:

Car make Toyota Model Corolla Year 2007 Mileage 98,000 Value \$ 2,500

Car make Buick Model Lucerne Year 2007 Mileage 140,000 Value \$ 3,000

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 \$ 31,249.69

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: Antonio Ferrero Spouse's Signature: _____ Date: 2-21-20

Telephone number: 603 918 9784

(Office use only) Reviewed by CC

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2024003722

FULL NAME OF DECEASED

BEVERLY M LAMARCO

DATE OF DEATH

APRIL 02, 2024

AGE 82 YRS

SEX FEMALE

TIME OF DEATH

2:28 PM

DATE OF BIRTH

MAY 07, 1941

BIRTHPLACE

CAMBRIDGE, MASSACHUSETTS

MOTHER'S/PARENT'S NAME

ALICE V MELANSON (RAWDING)

FATHER'S/PARENT'S NAME

LEONARD MELANSON

PLACE OF DEATH

BRENTWOOD, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION

ANTONIO LAMARCO

SOCIAL SECURITY NUMBER

022-32-6043

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

ST. MARY CEMETERY, NEWBURYPORT, MASSACHUSETTS

DATE OF DISPOSITION

APRIL 13, 2024

MANNER OF DEATH

NATURAL

FILE DATE APRIL 05, 2024

CAUSE OF DEATH

APPROX INTERVAL: ONSET TO DEATH MONTHS

a CEREBRAL VASCULAR INJURY

b

c

d

OTHER SIGNIFICANT CONDITIONS

ADULT FAILURE TO THRIVE, HYPERTENSION, HYPERLIPIDEMIA, CORONARY ARTERY DISEASE

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

DONNA M ROE APRN, 117 NORTH ROAD, BRENTWOOD, NEW HAMPSHIRE 03833

MARGINAL NOTES



4127548

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.

ATTENT:

Shayne Monte

STATE/LOCAL REGISTRAR:

Kristin M. Kenna
Kristin M. Kenna, State Registrar

DATE ISSUED: April 08, 2024

STATE/CITY/TOWN OF:

SEABROOK

This copy not valid without official state seal watermark, holographic emblem, and displaying seal and signature of Registrar.



RECEIVED

APR 22 2014

Town of Seabrook
Assessor's Office

FORM
PA-33

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION
For Property Tax Credit or Exemption Under RSA 72:33,V
(to be submitted with Form PA-29)

USE THIS FORM ONLY IF YOUR PROPERTY IS HELD IN A TRUST OR AS A LIFE ESTATE

WHO	To be completed by property owners wishing to establish their status as holding equitable title/beneficial interest owner of a trust, or holding a life estate in a property.
WHY	Chapter 102, Laws of 1994 has made it possible for a property owner to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.
WHEN	This completed form shall be submitted with the Permanent Application Form PA-29 (RSA 72:33) for property tax credit or exemption, to the local 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 refiled unless the status of the trust or life estate is changed or altered.

TYPE OR PRINT	LAST NAME	Lamarco		FIRST NAME	Antonio + Beverly		INITIAL
	MAILING ADDRESS	25 Perkins Ave #84					
	CITY/TOWN	Seabrook	STATE	NH	ZIP CODE	03874	
	LOCATION OF PROPERTY:	ADDRESS	84 Elm CT				

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29,VI based upon the following: (check one)



Equitable title holder, life interest or beneficial interest owner of a trust

If this statement is checked, you must supply a copy of:

- (a) a Trust Instrument as defined in RSA 564-B:1-103 (20) OR
- (b) a Certification of Trust prepared in accordance with RSA 564-B:10.

Name of Trust: Lamarco Family Trust Antonio + Beverly Lamarco TTEES



Life estate owner

If this statement is checked, you must supply a copy of the deed showing the assigned ownership of the life estate.

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.

X Beverly Lamarco
SIGNATURE (IN INK)
Beverly LAMARCO
PRINT NAME

4/22/2014
DATE

Antonio Lamarco
ANTONIO LAMARCO

TELEPHONE NUMBER
4-30-14