

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

OWNER	CHESTER BAKER JR		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	BAKER	APPLICANT'S FIRST NAME	CHESTER	MI	J	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	19 GREENLEAF DR					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	19 GREENLEAF DR					
TAX MAP	8	BLOCK	39	LOT	17	

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			48000.00	65-74 years of age	230000.00
Married			71000.00	75-79 years of age	260000.00
Asset Limits				80+ years of age	310000.00
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	310000.00	<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

RECEIVED

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	OWNER <input type="text" value="Chester Baker Jr."/>		If required, is a PA-33 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	APPLICANT'S LAST NAME <input type="text" value="Baker"/>	APPLICANT'S FIRST NAME <input type="text" value="Chester"/>	MI <input type="text" value="J"/>	PHONE NUMBER <input type="text" value="703-550-1100"/>
	APPLICANT'S LAST NAME <input type="text"/>	APPLICANT'S FIRST NAME <input type="text"/>	MI <input type="text"/>	PHONE NUMBER <input type="text"/>
	MAILING ADDRESS <input type="text" value="19 Greenleaf Dr."/>			
	CITY/TOWN <input type="text" value="Seabrook"/>	STATE <input type="text" value="NH"/>	ZIP CODE <input type="text" value="03874"/>	
	PROPERTY ADDRESS <input type="text" value="19 Greenleaf Dr."/>	TAX MAP <input type="text" value="8"/>	BLOCK <input type="text" value="39"/>	LOT <input type="text" value="17"/>
	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) 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 <input type="text"/>	Dates of Military Service Enter (MMDDYYYY) <input type="text"/>	4. Date of Entry <input type="text"/>	5. Date of Discharge/Release (if applicable) <input type="text"/>
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)			
	6. Name of Allied Country Served in <input type="text"/>	7. Branch of Service <input type="text"/>		
	9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>		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 <input type="text" value="124444"/> 10b. Spouse's Date of Birth <input type="text"/>			
	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? <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. <input type="text" value="Chester Baker Jr."/>			
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE <input type="text" value="4-1-02"/>	
	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

MAR 31 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Chester Baker Jr.

Mailing address: 19 Greenleaf Dr.

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

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

Number of years owned residence: 27 I have been a legal resident of NH since: 1998

Date of birth: 7-24-44 Age: 80 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>24,140.40</u>	\$ _____	
b. Pension & Retirement	\$ <u>Alight Solutions 2213.52</u> <u>Steelworkers 16,545.36</u>	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ <u>138.46</u>	\$ _____	
	\$ <u>43,037.74</u>	\$ _____	<u>43,037.74</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? 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>TD BANK</u>	Value \$ <u>45,422.14</u>
Checking Account:	Institution <u>" "</u>	Value \$ <u>662.28</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3500

Vehicles:

Car make <u>Chery</u>	Model <u>frex</u>	Year <u>2018</u>	Mileage <u>38,000</u>	Value \$ <u>17,000</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 \$ 66,584.42

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: [Signature] Spouse's Signature: _____ Date: 4-1-025

Telephone number: 474-9859

(Office use only) Reviewed by GC

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2024005606

FULL NAME OF DECEASED

PATRICIA BAKER

DATE OF DEATH

MAY 22, 2024

AGE 80 YRS

SEX FEMALE

TIME OF DEATH

01:55 PM

DATE OF BIRTH

APRIL 14, 1944

BIRTHPLACE

NORWICH, CONNECTICUT

MOTHER'S/PARENT'S NAME

MARGARET MALENFANT (MARTIN)

FATHER'S/PARENT'S NAME

NORMAN MALENFANT

PLACE OF DEATH

SEABROOK, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR

CHESTER J BAKER JR

TO FIRST MARRIAGE/CIVIL UNION

034-32-6524

SOCIAL SECURITY NUMBER

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

MERRIMACK CREMATION SERVICE, MERRIMACK, NEW HAMPSHIRE

DATE OF DISPOSITION

MAY 28, 2024

MANNER OF DEATH

NATURAL

FILE DATE MAY 24, 2024

APPROX INTERVAL: ONSET TO DEATH

6 MONTHS

CAUSE OF DEATH

a MALIGNANT NEOPLASM LUNG

b END STAGE RENAL DISEASE

c

d

OTHER SIGNIFICANT CONDITIONS

NOT STATED

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

ALEXANDER ASCH DO, 570 LAFAYETTE RD, SEABROOK, NEW HAMPSHIRE 03874

MARGINAL NOTES



4136861

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:

Howard Barnes

STATE/LOCAL REGISTRAR:

DATE ISSUED:

MAY 29, 2024

STATE/CITY/TOWN OF:

Kristin M. Kenniston

Kristin M. Kenniston, State Registrar

BROOKLINE

VS-SP1

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

