FORM PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

STEP 1 OWNER AN	ID APPLICANT INFORMATION	J			
OWNER	JESSICA E WUNSCHEL		If required, is a PA-33 on file?		
APPLICANT'S LAST NAME	WUNSCHEL	APPLICANT'S FIRST NA	ME JESSICA MI E		
APPLICANT'S LAST NAME		APPLICANT'S FIRST NA	ME MI		
MAILING ADDRESS 26 \	VIRGINIA LANE	The Colonia Colonia, and the Processing and the second and the sec			
CITY/TOWN SEA	ABROOK		STATE NH ZIPCODE 03874		
PROPERTY ADDRESS for w	hich Tax Credit / Exemption / Deferral is	s claimed 26 VIRGINIA LANE	E		
TAX MAP 9	BLOCK 181 LOT				
STEP 2 TAX CREDI	TS / EXEMPTIONS / TAX DEFI	ERRAL	na dikirikita na 2006 od 200-60 od 2006 protitori a 22 di kakadora mangin dibatimin da magamata.		
	VETERANS' T	AX CREDITS / EXEMI	PTION		
			AMOUNT GRANTED DENIED DATE		
☐ Veterans' Tax Credit RS	SA 72:28 (Standard \$50; Optional \$51 up to \$	750)			
- Turk	t RSA 72:28-b (Standard \$50; Optional \$51 up				
	connected Total Disability (Standard \$700; Credit (Standard \$700; Optional \$701 up to \$	동물에 다른 교육에 대표를 살았다. 하고 하나를 받는데 없는데			
	Service RSA 72:28-c (\$50 up to \$500)	2,000)			
Review Applicable Disc	自然,\$P\$ 1956年, 1956年 1966年 1966年 1967年 1967年 1968年 1	<u> </u>		71	
Other Information			and Park and Control of Control of the Control of the Control of Control of the C		
Certain Disabled Vetera	ans' Exemption Filing As the 🔲 Ve	teran 🔲 Surviving Spous	se GRANTED DENIED DENIED		
i in markat kan ing panganan dan panganan dan pangan bahasan dan bahasan dan bahasan dan bahasan dan bahasan d Bahasan dan bahasan dan ba	a a deligio de agras e en 1964 servira de percensión da encompagnica en estas.	and the second of the second s		*63.5	
APPLICA			NINCOME AND ASSET LIMITS		
		CIPALITY FOR INCOME AND A	SSET LIMITS		
Professional Control of the State of the Sta	kemption Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category		
Single Morried			65-74 years of age 230000.00		
Married		Mesar Wilder Colors	75-79 years of age 260000.00		
Asset Limits Single		250000.00	80+ years of age 310000.00		
Married		250000,00			
		J		旗	
STAN	IDARD and LOCAL OPTIONAL	EXEMPTIONS (when p	reviously adopted by the City/Town)	200	
1 =	and the property of the second		AMOUNT GRANTED DENIED DATE	T 1	
Elderly Exemption	THE THEORY SECTION AND THE SEC	dana mananakan serangkan di pangkan di pangkan di pengangan di pengangan di pengangan di pengangan di penganga	230000.00		
Improvements to Assist	Persons with Disabilities	NOTATIONAL PROPERTY OF CONTRACTOR OF CONTRACTOR CONTRAC			
Blind Exemption	erice 21thatail Paraderataratara and an agus agus agus agus agus agus agus agus	CARLO DI UNIO DELLE ADDITIONI ERRONI FARINCI IN INDICTIONI MARTINI IL		-	
Deaf Exemption		window zoolkaniamizzen eta intrakta dirikanianian (hind)			
Disabled Exemption Electric Energy Storage		1			
☐ Electric Energy Storage Systems Exemption ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Woodheating Energy Systems Exemption					
Wind-powered Energy Systems Exemption					
ELDERLY / DISABLED TAX DEFERRAL					
Elderly & Disabled Tax Deferral GRANTED DENIED 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			

FORM	A		
PA-29	210		

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1	OWNER AND APPLICANT INFORMATION					
OWNER	NER OWNER If required is a RA-					
AND APPLICANT	I JUSSICA L	JUNSCHEL_			YES NO	
NAME AND	APPLICANT'S LAST NAME WUN SO	· in a i	APPLICANT'S FIRST NAME	MI	PHONE/NUMBER	ا ه
ADDRESS	APPLICANT'S LAST NAME	NC C	APPLICANT'S FIRST NAME	MI E.	PHONE NUMBER	ROP
		111.81 - 141.62 - 3-1 81 - 140.62 - 3-1 40.64 - 3-1 40.64 - 3-1 40.64 - 3-1 40.64 - 3-1 40.64 - 3-1 40.64 - 3-1	THE CONTROL WITH		THORE NOMBER	PROPERTY OWNER NAME
	MAILING ADDRESS					OW
	26 Virginia	Lane				ÉR
	CITY/TOWN J	distributed the state of the st		STATE	ZIP CODE 03879	VAME
	PROPERTY ADDRESS		TAX MA	NH BLOCK		
	26 Virginia	Lane /			31	
	IS THIS YOUR PRIMARY RI		_NO		- Indiana control of the control of	
	VETERAN'S INFORMATION					
STEP 2 VETERANS'	1. APPLICANT IS THE:	2. APPLYING FOR:				
TAX CREDITS	Veteran	Veterans' Tax Cre	dit (RSA 72 28) Standard (\$50) / Optio	nal (\$51 up to \$750)		
AND EXEMPTION	Spouse	All Veterans' Tax (Dredit (RSA 72:28-b) If Adopted by To	wn Standard (\$50) /	Optional (\$51 up to \$750)	1
	Surviving Spouse	Tax Credit for Ser	vice-Connected Total Disability (RS/	A 72:35) Standard (\$7	00) / Optional (\$701 up to \$4,000)	
		Tax Credit for Sur	viving Spouse (RSA 72:29-a "of any	person who was killed	or died while on active duty")	
•		Tax Credit for Con	nbat Service (RSA 72:28-c) <i>If Adopted</i>	d by Town (\$50 up to	\$500)	
		Certain Disabled \	eterans (Exemption) (RSA 72:36-a)			
	3. Veteran's Name	Dates of I	Military Service 4. Date of Entry	5. Date of Di	scharge/Release (if applicable)	PRO
			MMDDYYYY)			PERT
	IF A VETERAN OF ALLIE					WO Y
	6. Name of Allied Country S	erved in 7, Branch o	of Service			NER
	3. Veteran's Name Dates of Military Service Enter (MMDDYYYY) IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in 7. Branch of Service 9. Does any other eligible Veteran own interest in this property? 8. Please Check One.					
	9. Does any other eligible Veteran own interest in this property? 8. Please Check One. YES NO If YES, provide name					
		All Arthur after the second			H at time of entry into Service	
		S	TANDARD EXEMPTIONS		3]
STEP 3	10. L Elderly Exemption (I	Must be 65 years of age or	or before April 1 of year for which	exemption is claim	ed) (RSA 72:39-a)	
EXEMPTIONS	(Enter numbers only MMD	DYYYY) 10a. Applicant'	s Date of Birth 5-1-13	Spouse's Date	of Birth	
	11. Improvements to As	sist Persons with Disabiliti	es (RSA 72:37-a)			
	12. Blind Exemption (RS	SA 72:37)				
		LOCAL OPTIO	NAL EXEMPTIONS (If adopte	d by city/town)		į
	13. Deaf Exemption (RS	SA 72:38-b)	Electric Energy Storage Syst	•		
	Disabled Exemption (RSA 72:37-b) Wind-Powered Energy Systems Exemption (RSA 72:66)					
	Solar Energy Systems Exemption (RSA 72:62) Woodheating Energy Systems Exemption (RSA 72:70) Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)					
						TAX
STEP 4	era constantina de la constantina della constant					
RESIDENCY			or At least Five Years (Disabled) prece	-		BLC
	NH Resident for Thr	ee Consecutive Years prece	eding April 1 in the year the exempt	ion is claimed (Elde	rly Exemption)	TAX MAP BLOCK LOT
STEP 5 OWNERSHIP	15. Do you own 100% intere	st in this residence?	Yes No If NO, what percen	t (%) do you own?		[0]
STEP 6 SIGNATURES	Under penalties of perjury, I dand complete.	declare that I have examin	ed this document and to the best o	f my belief the infor	mation herein is true, correct	
-	Aromino Wh	rschl			73/31/25	-
	SIGNATURE (IN INK) OF PROPERTY	OWNER			DATE	
	SIGNATURE (IN INK) OF PROPERTY	OWNER			DATE	

978-764-6365 Stephanie

1 of 5

PA-29 Ver. 1.8 6/2023

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 signal provided. All financial documents and bank statements must be included with application.

1) Personal Information			MAR 3 1 2025
Applicant's name(s):	TESSICA WUNS	chel	Town of Seabrook Assessor's Office
Mailing address: 26	Virginia L	ANE, SEABROOK	VH 03874
Marital status: married:	single:	Widow(er):	
Residence owned: solely	:joint tenants:	w/other(s)Trust:	Life estate
Number of years owned r	residence: 21	have been a legal resident of NH	since: <u>1994</u>
Date of birth: <u>5-1-93</u>	Age: 7/ Spous	e's date of birth: A	ge:
Do you own real estate of	ther than your occupied NH re	esidence? <u>// (</u> If yes, pl	ease attach tax bill)
2) Income Information (y	early amount from last year)		
	VERIFICATION OF ALL THE F	OLLOWING MUST BE SUBMITTED	
	Applicant	Applicant's Spouse	
a. Social Security:	\$ 24,996.00		
b. Pension & Retirement	\$ louisout.	\$	
c. Wages:	\$	\$	
d. Rental Income:	\$	\$	
e. Other Income:	\$	\$	
f. Interest Income	\$	\$	
	\$ 25,637.64 Total Income	\$ Total Income	25, 437. 04 Total of all Income
Are you required to file a provide a copy of your re		eturn to the State of New Hampsh	lire? <u>NO</u> (If yes, please
Are you required to file a income tax return. If no, prediction purposes.	n IRS tax return? please sign the attached form	_ (If yes, please provide a copy of 8821 authorizing the Town of Sea	your most recent federal abrook to contact the IRS for

3. Asset I	nformation					
a. Type of	f property for which	exemption is claimed:	Single Family	Mul	ti-family	
b. If multi	-family, in which un	it do you reside?	What is	the living area o	of your unit?	
		• •	stocks, bonds	IRA's, annuities,	travel trailers, RV's, boats, antiques,	
• .	YOU MUST SUE	HMIT VERIFICATION OF TH	ESE AMOUNTS	(CURRENT STATE	MENTS WITH BALANCES	
	Savings Account:	Institution	MC-MM2E Baserra e dags Comission y Brown Mary Color on in Pro-oft year	nd the reveny stay to come about to deposit our surface as a finite to stay to	Value \$	
	Checking Account:	Institution EASTERN BANK		<u>K</u>	Value \$ 11569. 29	
•	IRA:	Institution			Value \$	
	CD:	Institution		and the state of t	Value \$	
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		d sale value of furnitu	_ Year	Mileage	Value \$	
		THE REAL PROPERTY OF THE PROPE		· Andrews	Value \$	
	e			•	Value \$	
RV make		Model	Year	Mileage	Value \$	
Real Estat	e: Other than your oc	cupied NH Residence	ALTER TO THE STATE OF THE STATE	ar production of the second		
Property t	· \he	In town& State	A CONTRACTOR OF THE PARTY OF TH		alue \$	
Property t	γpe	In town& Stafe	kayaya sayinda dadii sayin kangkaya ka kidi - ika dibi diba dadii ka dadii ka ka a	- Committee and the second	alue \$	
		Name Printing		Total of all as	sets \$ 2569, 29.	
knowledge agent of the information	e. I further authorize a ne Town of Seabrook	any agency or financial instances Assessor's Office. I release	titution to relea all persons wh	ise information ab omsoever from ar	y financial condition to the best of my out me or copies of my records to any lability resulting from the release o this Date: 3-29-25	
Telepho	ne number: <u> </u>		(0	ffice use only)	Reviewed by <u></u>	
	CMICHE	ille)				



TOWN OF BURLINGTON

29 Center Street • Burlington, Massachusetts 01803 • Tel (781) 270-1660 • www.burlington.org





Commonwealth of Massachusetts Registry of Vital Records and Statistics CERTIFICATE OF DEATH

State File # 2024 054013 Registered # 1146

07012019 Place of Death LAHEY CLINIC HOSPITAL, BURLINGTON, MA Date of Death **NOVEMBER 23, 2024** Age 67 YRS Sex MALE Current Name WUNSCHEL, WILLIAM **JOHN** Surname at Birth or Adoption WUNSCHEL SSN --- 8512 Date of Birth JUNE 26, 1957 NEW BEDFORD, MASSACHUSETTS Birthplace Residence 26 VIRGINIA LANE, SEABROOK, NEW HAMPSHIRE 03874 Race' Education WHITE HIGH SCHOOL GRADUATE OR GED Marital Status Occupation/Industry MARRIED STOCK PERSON/GROCERY Last Spouse – Last, First, Middle (Surname at Birth or Adoption) WUNSCHEL, JESSICA (ERNEST) Decedent: U.S. Veteran (Most Recent) Parent Name - Last, First Middle (Surname at Birth or Adoption) WUNSCHEL, PHEBE (NEVES) Birthplace Parent Name - Last, First Middle (Surname at Birth or Adoption) MASSACHUSETTS WUNSCHEL, WILLIAM (WUNSCHEL) Birthplace Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause MASSACHUSETTS a. Immediate Cause (Final condition resulting in death) Interval between onset and death STAPHYLOCOCCUS SEPSIS b. Due to or as a consequence of: --- WKS. **PNEUMONIA** c. Due to or as a consequence of: --- WKS. **EMPHYSEMA** d. Due to or as a consequence of: --- YRS. Part II. Other significant conditions contributing to death but not resulting in underlying cause CHRONIC KIDNEY DISEASE, CONGESTIVE HEART FAILURE, Manner of Death: CORONARY ARTERY DISEASE NATURAL Time of Death: 03:43 PM Result of Injury: NO Certifier JOSEPH PLOURDE, PA Addr. 41 MALL ROAD, BURLINGTON, MASSACHUSETTS 01805 Lic # PA5904 Funeral Licensee/ Designee JEFFREY W. REMICK Lic # NH989 Facility/Addr. REMICK & GENDRON FUNERAL HOME-CREMATORY, INC., HAMPTON, NEW HAMPSHIRE Immediate Disposition REMOVAL FROM STATE Date of Immediate Disposition **NOVEMBER 26, 2024** Place/Address any E. Warfield PHOENIX CREMATORY, 811 LAFAYETTE ROAD, HAMPTON, NEW HAMPSHIRE 03842 Date of Record **NOVEMBER 27, 2024** Date of Amendment CLERK, TOWN OF BURLINGTON

DATE ISSUED:

NOVEMBER 27, 2024

I, the undersigned, hereby certify that I am the Clerk of the Town of Burlington, Massachusetts: that as such I have custody of the records of births, marriages, and deaths required by law to be kept in my office. I hereby certify that the foregoing is a true copy of said records.

(seal)

Witness with and and seal of the Town of Burlington on day of November, 2024

any E. Warfield.

Any E. Warfield, Town Clerk