

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

## STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	JESSICA E WUNSCHEL		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	WUNSCHEL	APPLICANT'S FIRST NAME	JESSICA	MI	E	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	26 VIRGINIA LANE					
CITY/TOWN	SEABROOK	STATE	NH	ZIP CODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	26 VIRGINIA LANE					
TAX MAP	9	BLOCK	181	LOT		

## 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	230000.00	<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

<b>STEP 1</b> OWNER AND APPLICANT NAME AND ADDRESS	<div style="text-align: center; background-color: #f0f0f0; border: 1px solid black; margin-bottom: 5px;"><b>OWNER AND APPLICANT INFORMATION</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>OWNER</b></p> <p>APPLICANT'S LAST NAME: <u>Jessica Wunschel</u></p> <p>APPLICANT'S FIRST NAME: <u>Jessica</u></p> <p>APPLICANT'S LAST NAME: <u>Wunschel</u></p> <p>APPLICANT'S FIRST NAME: <u>Jessica</u></p> <p>MAILING ADDRESS: <u>26 Virginia Lane</u></p> <p>CITY/TOWN: <u>Seabrook</u></p> <p>PROPERTY ADDRESS: <u>26 Virginia Lane</u></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> </div> <div style="width: 35%;"> <p>If required, is a PA-33 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PHONE NUMBER: <u>603-874-1811</u></p> <p>STATE: <u>NH</u> ZIP CODE: <u>03874</u></p> <p>TAX MAP: <u>9</u> BLOCK: <u>181</u> LOT: <u></u></p> </div> </div>
--	--

978-764-6345

Stephanie

**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): JESSICA WUNSCHER

Mailing address: 26 VIRGINIA LANE, SEABROOK NH 03874

Marital status: married: \_\_\_\_\_ single: \_\_\_\_\_ Widow(er): X

Residence owned: solely: ✓ joint tenants: \_\_\_\_\_ w/other(s) \_\_\_\_\_ Trust: \_\_\_\_\_ Life estate \_\_\_\_\_

Number of years owned residence: 21 I have been a legal resident of NH since: 1994

Date of birth: 5-1-93 Age: 71 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>24,996.00</u>	\$ _____
b. Pension & Retirement	\$ <u>prudentia 641.04</u>	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ _____	\$ _____
f. Interest Income	\$ _____	\$ _____
	\$ <u>25,637.04</u>	\$ _____
	Total Income	Total Income
		<u>25,637.04</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? 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 \_\_\_\_\_ Value \$ \_\_\_\_\_

Checking Account: Institution EASTERN BANK Value \$ 11569.29

IRA: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

CD: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Estimated yard sale value of furniture, jewelry, furs, antiques, etc. \$ 1,000

#### Vehicles:

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 \$ 2569.29

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: Jessica Wm Spouse's Signature: \_\_\_\_\_ Date: 3-29-25

Telephone number: 339-226-0515

(Michelle)

(Office use only) Reviewed by CF



# TOWN OF BURLINGTON

29 Center Street • Burlington, Massachusetts 01803 • Tel (781) 270-1660 • [www.burlington.org](http://www.burlington.org)



52



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

State File # 2024 054013  
Registered # 1146

07012019

DECEDENT	Place of Death	LAHEY CLINIC HOSPITAL, BURLINGTON, MA		
	Date of Death	NOVEMBER 23, 2024		
	Current Name	WUNSCHEL, WILLIAM JOHN		Age 67 YRS
	Sex	MALE		
	Surname at Birth or Adoption	WUNSCHEL		
	AKA	---		
	SSN	--- 8512		
	Date of Birth	JUNE 26, 1957	Birthplace	NEW BEDFORD, MASSACHUSETTS
	Residence	26 VIRGINIA LANE, SEABROOK, NEW HAMPSHIRE 03874		
	Race	WHITE		
Education	HIGH SCHOOL GRADUATE OR GED			
Marital Status	MARRIED			
Occupation/Industry	STOCK PERSON/GROCERY			
Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	WUNSCHEL, JESSICA (ERNEST)			
Decedent: U.S. Veteran (Most Recent)	NO			
Parent Name - Last, First Middle (Surname at Birth or Adoption)	WUNSCHEL, PHEBE (NEVES)			
Birthplace	MASSACHUSETTS			
Parent Name - Last, First Middle (Surname at Birth or Adoption)	WUNSCHEL, WILLIAM (WUNSCHEL)			
Birthplace	MASSACHUSETTS			
MEDICAL CERTIFIER	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause			
	a. Immediate Cause (Final condition resulting in death)			Interval between onset and death
	STAPHYLOCOCCUS SEPSIS			---
	b. Due to or as a consequence of:			---
	PNEUMONIA			--- WKS.
	c. Due to or as a consequence of:			---
	EMPHYSEMA			--- WKS.
	d. Due to or as a consequence of:			---
	---			---
	---			---
DISPOSITION	Part II. Other significant conditions contributing to death but not resulting in underlying cause			Manner of Death:
	CHRONIC KIDNEY DISEASE, CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE			NATURAL
				Time of Death: 03:43 PM
				Result of Injury: NO
	Certifier JOSEPH PLOURDE, PA			Lic # PA5904
	Addr. 41 MALL ROAD, BURLINGTON, MASSACHUSETTS 01805			
	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				
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.

YEAR 2024  
VOLUME XVII  
(seal)

Witness my hand and seal of the Town of Burlington on  
This 27th day of November, 2024  
Amy E. Warfield  
Amy E. Warfield, Town Clerk