

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	DAVID M DOW		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	DOW	APPLICANT'S FIRST NAME	DAVID	MI	M	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	51A WORTHLEY AVE					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	51A WORTHLEY AVE					
TAX MAP	16	BLOCK	59	LOT	200	

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
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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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATERECEIVED
APR 14 2023
TOWN OF SEABOARD
TAX COLLECTOR'S OFFICE

	OWNER AND APPLICANT INFORMATION
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER David M. Daw
	APPLICANT'S LAST NAME: Daw APPLICANT'S FIRST NAME: David MI: M PHONE NUMBER: [blank]
	APPLICANT'S LAST NAME: [blank] APPLICANT'S FIRST NAME: [blank] MI: [blank] PHONE NUMBER: [blank]
	MAILING ADDRESS 519 Wainwright Ave CITY/TOWN: Seaboard STATE: NH ZIP CODE: 03874
	PROPERTY ADDRESS 519 Wainwright Ave TAX MAP: [blank] BLOCK: 59 LOT: 200
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION
	1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> 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: [blank] Dates of Military Service: Enter (MMDDYYYY) [blank] 4. Date of Entry: [blank] 5. Date of Discharge/Release (if applicable): [blank]
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in: [blank] 7. Branch of Service: [blank] 9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input type="radio"/> If YES, provide name: [blank] 8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> 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: 7-14-57 10b. Spouse's Date of Birth: [blank] 11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a) 12. <input type="checkbox"/> Blind Exemption (RSA 72:37)
STEP 4 RESIDENCY	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 5 OWNERSHIP	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 checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? [blank]
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. Signature (in ink) of property owner: David M. Daw DATE: 4-7-23
	Signature (in ink) of property owner: [blank] DATE: [blank]

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

Eld.

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

APR - 2 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): David M. Daw

Mailing address: 51A Wathley Ave

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

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

Number of years owned residence: 30 I have been a legal resident of NH since: 1982

Date of birth: 9-14-57 Age: 67 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>23,204.40</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>23,204.40</u>	\$ _____	<u>23,204.40</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? 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 <u>TD</u>	Value \$ <u>400.70.</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 25,000

Vehicles:

Car make <u>Jeep</u>	Model <u>Compass</u>	Year <u>2015</u>	Mileage <u>93,000</u>	Value \$ <u>8,000</u>
Car make <u>Ford</u>	Model <u>F150</u>	Year <u>2004</u>	Mileage <u>78,000</u>	Value \$ <u>500</u>
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 \$ 33,900.70.

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: Paul M. Dorr Spouse's Signature: _____ Date: 4-2-25

Telephone number: 814-1488

(Office use only) Reviewed by GC.

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2022010336

FULL NAME OF DECEASED **KIMBERLY CATHERINE DOW**
 DATE OF DEATH **SEPTEMBER 24, 2022** AGE **66 YRS** SEX **FEMALE**
 TIME OF DEATH **3:00 PM**
 DATE OF BIRTH **AUGUST 18, 1956**
 BIRTHPLACE **LYNN, MASSACHUSETTS**
 MOTHER'S/PARENT'S NAME **ELMIRA LEBLANC (WARNER)**
 FATHER'S/PARENT'S NAME **EDWARD LEBLANC**
 PLACE OF DEATH **PORTSMOUTH, NEW HAMPSHIRE**
 DOMESTIC STATUS **MARRIED**
 SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION **DAVID M DOW**
 SOCIAL SECURITY NUMBER **023-48-5296**
 RESIDENCE **SEABROOK, NEW HAMPSHIRE**
 PLACE OF DISPOSITION **PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE**
 DATE OF DISPOSITION **SEPTEMBER 29, 2022**
 MANNER OF DEATH **NATURAL** FILE DATE **SEPTEMBER 27, 2022**
 CAUSE OF DEATH **RESPIRATORY ARREST** APPROX INTERVAL: ONSET TO DEATH **NOT STATED**
HYPERTENSION HEART DISEASE **NOT STATED**
UNCONTROLLED DIABETES **NOT STATED**
CARDIOPULMONARY ARREST **NOT STATED**
 OTHER SIGNIFICANT CONDITIONS
 DESCRIBE HOW INJURY OCCURRED
 DATE/TIME OF INJURY
 PLACE OF INJURY
 LOCATION OF INJURY
 NAME AND ADDRESS OF CERTIFIER
HENRY CHANG MD, 333 BORTHWICK AVENUE, PORTSMOUTH, NEW HAMPSHIRE 03901
 MARGINAL NOTES



3794353

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:

STATE/LOCAL REGISTRAR:

DATE ISSUED:

STATE/CITY/TOWN OF:

This copy not valid without official vital record watermark, holographic seals, and displaying seal and signature of Registrar. It shall be unlawful for a person to use this certificate other than for the purpose for which it was issued. State Registrar.

Denise M. Gonyer
 Denise M. Gonyer, State Registrar

NORTH HAMPTON

VS-SP1

