

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	FRED M STILES JR		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	STILES	APPLICANT'S FIRST NAME	FRED	MI	M	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	8 TRUE ROAD					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	8 TRUE ROAD					
TAX MAP	2	BLOCK	6	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	260000.00	<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 RATE

OWNER AND APPLICANT INFORMATION				
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER <u>Fred M. Shiles Jr.</u>	If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO		
	APPLICANT'S LAST NAME <u>Shiles Jr.</u>	APPLICANT'S FIRST NAME <u>Fred</u>	MI <u>M.</u>	
	APPLICANT'S LAST NAME <u>Shiles Jr.</u>	APPLICANT'S FIRST NAME <u>Fred</u>	MI <u>M.</u>	
	MAILING ADDRESS <u>8 TWE Road</u>			
	CITY/TOWN <u>Seabrook</u>	STATE <u>NH</u>	ZIP CODE <u>03874</u>	
	PROPERTY ADDRESS <u>8 TWE Road</u>	TAX MAP <u>2</u>	BLOCK <u>6</u>	
	LOT <u>17</u>			
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO			
	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) <i>If Adopted by Town</i> 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) <i>If Adopted by Town</i> (\$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>				
9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="radio"/> <input type="radio"/> <u></u>				
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 <u>8-4-41</u> 10b. Spouse's Date of Birth <u></u>			
	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)			
	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? <u></u>			
STEP 5 OWNERSHIP	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.			
STEP 6 SIGNATURES	SIGNATURE (IN INK) OF PROPERTY OWNER <u>[Signature]</u>			
	DATE <u>4/15/25</u>			
SIGNATURE (IN INK) OF PROPERTY OWNER <u></u>				
DATE <u></u>				

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.

1) Personal Information

Applicant's name(s): FRED M. STILES JR.

Mailing address: 8 True Rd Seabrook N.H. 03874

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

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

Number of years owned residence: 13 I have been a legal resident of NH since: 1975

Date of birth: 8/4/47 Age: 77 Spouse's date of birth: _____ Age: DEAD 10/10/24

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>26,168</u> ^{40/100}	\$ _____
b. Pension & Retirement	\$ <u>16,126</u> ^{44/100}	\$ _____
c. Wages:	\$ <u>—</u>	\$ _____
d. Rental Income:	\$ <u>5,500</u> ^{00/100}	\$ _____
e. Other Income:	\$ <u>—</u>	\$ _____
f. Interest Income	\$ <u>—</u>	\$ _____
	\$ <u>47,794.44</u>	\$ <u>47,794.44</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? Bottom What is the living area of your unit? 1480 sq. ft.

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 Santander Bank Value \$ 8904.44

IRA:	Institution	Value \$

CD: Institution _____ Value \$ _____

[illegible][illegible]

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

Vehicles:

Car make Chev. Model 1500 Year 2020 Mileage 57,330 Value \$ 27,000

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 Fam apt. In town & State Seabrook, NH Value \$ 59,164.

Property type _____ In town & State _____ Value \$ _____

Total of all assets \$ 120,068.44.

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: 4/15/25

Telephone number: 603-583-1569

(Office use only) Reviewed by CE

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2024010794

FULL NAME OF DECEASED: BARBARA L STILES
 DATE OF DEATH: APPROX OCTOBER 10, 2024
 TIME OF DEATH: UNKNOWN
 DATE OF BIRTH: JANUARY 29, 1949
 BIRTHPLACE: BARRE, VERMONT
 MOTHER'S/PARENT'S NAME: WILHELMINA DENTON (DEBUQUE)
 FATHER'S/PARENT'S NAME: JUNIOR P DENTON
 PLACE OF DEATH: SEABROOK, NEW HAMPSHIRE
 DOMESTIC STATUS: MARRIED
 SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: FRED STILES JR
 SOCIAL SECURITY NUMBER: 017-40-2573
 RESIDENCE: SEABROOK, NEW HAMPSHIRE
 PLACE OF DISPOSITION: PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE
 DATE OF DISPOSITION: OCTOBER 15, 2024
 MANNER OF DEATH: NATURAL
 CAUSE OF DEATH: a CHRONIC OBSTRUCTIVE LUNG DISEASE
 APPROX INTERVAL ONSET TO DEATH: YEARS

OTHER SIGNIFICANT CONDITIONS

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

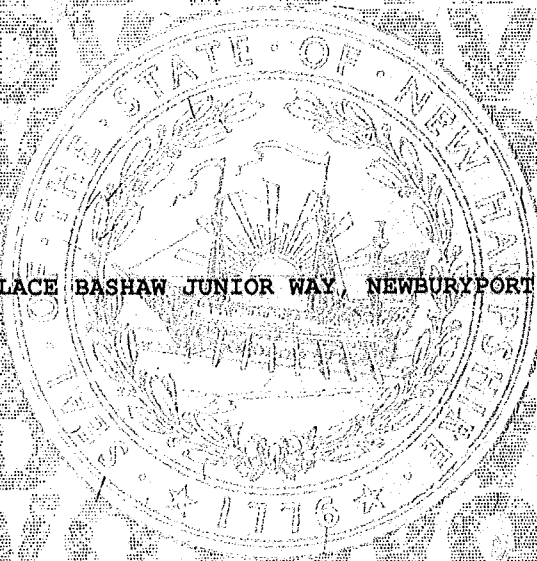
PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

KIRUBAKARAN SIVA MD, 1 WALLACE BASHAW JUNIOR WAY, NEWBURYPORT, MASSACHUSETTS 01950

MARGINAL NOTES



4229531

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:

Jessie Buchanan

Kristin Martino
 Kristin Martino, State Registrar

DATE ISSUED: October 15, 2024

STATE/CITY/TOWN OF:

NORTH HAMPTON

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

V8-SP1

