

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

OWNER	ROBIN BROWN		If required, is a PA-35 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	BROWN	APPLICANT'S FIRST NAME	ROBIN	MI	A	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	PO BOX 113					
CITY/TOWN	SEABROOK		STATE	NH	ZIP CODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 86A SOUTH MAIN ST						
TAX MAP	15	BLOCK	23	LOT	1	

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

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MAR 19 2025

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION			
		OWNER		If required, is a PA-33 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT'S LAST NAME <u>Brown</u>		APPLICANT'S FIRST NAME <u>Robin</u>		MI <u>A.</u>	PHONE NUMBER <u>Seabrook</u>
APPLICANT'S LAST NAME <u>Brown</u>		APPLICANT'S FIRST NAME <u>Robin</u>		MI <u>A.</u>	PHONE NUMBER <u>Seabrook</u>
MAILING ADDRESS <u>PO Box 113</u>					
CITY/TOWN <u>Seabrook</u>		STATE <u>NH</u>	ZIP CODE <u>03874</u>		
PROPERTY ADDRESS <u>869 South Main St</u>		TAX MAP <u>15</u>	BLOCK <u>23</u>	LOT <u>1</u>	
IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
VETERAN'S INFORMATION					
1. APPLICANT IS THE:		2. APPLYING FOR:			
<input type="checkbox"/> Veteran		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)			
<input type="checkbox"/> Spouse		<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"/> Surviving Spouse		<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?		8. Please Check One.			
YES NO If YES, provide name <input type="checkbox"/> <input type="checkbox"/> <u></u>		<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			
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>8-8-52</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)					
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="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? <u></u>					
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 <u>Robin A. Brown</u> DATE <u>3-19-25</u>					
SIGNATURE (IN INK) OF PROPERTY OWNER _____ DATE _____					

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

1) Personal Information

Applicant's name(s): Robin A. Brown
Mailing address: P.O. Box 113 86A South main st
Marital status: married: _____ single: _____ Widow(er): ☒
Residence owned: solely: ☒ joint tenants: _____ w/other(s) _____ Trust: _____ Life estate _____
Number of years owned residence: 9 I have been a legal resident of NH since: 1952
Date of birth: 8-8-52 Age: 72 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>16,137.40</u>	\$ _____
b. Pension & Retirement	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ _____	\$ _____
f. Interest Income	\$ <u>64.60</u>	\$ _____
	\$ <u>16,202.-</u> Total Income	\$ <u>1,122.00</u> Total Income
		\$ <u>16,202.00</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? 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 _____ Value \$ _____

Checking Account: Institution T.D. BANK #7437 Value \$ 2,189.04

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type Checking Institution T.D. BANK 4353 Value \$ 1,587.08

Type J Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,000.00

Vehicles:

Car make Jeep Model Grand Cherokee Year 2008 Mileage 88,000 Value \$ 4,000.

Car make Dodge Ram Model Big Horn Year 2017 Mileage 69,000 Value \$ 22,000.

Boat make _____ Model _____ Year _____ Mileage _____ Value \$ _____

RV make FOREST RIVER TRAILER Model Cherokee Year 2018 Mileage _____ Value \$ 13,500.

Real Estate: Other than your occupied NH Residence

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

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

Total of all assets: 45,276.12.

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: Robin C. Gunn Spouse's Signature: _____ Date: 3-19-25

Telephone number: 603-502-6944

(Office use only) Reviewed by GA

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2024004119

FULL NAME OF DECEASED

JAMES DAVID BROWN SR

DATE OF DEATH

APRIL 12, 2024

AGE 78 YRS

SEX MALE

TIME OF DEATH

08:41 PM

DATE OF BIRTH

JULY 17, 1945

BIRTHPLACE

EXETER, NEW HAMPSHIRE

MOTHER'S/PARENT'S NAME

EFFIE EATON (BURDETTE)

FATHER'S/PARENT'S NAME

CHARLES BROWN

PLACE OF DEATH

SEABROOK, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION

ROBIN THOMPSON

SOCIAL SECURITY NUMBER

002-34-4197

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

HILLSIDE CEMETERY, SEABROOK, NEW HAMPSHIRE

DATE OF DISPOSITION

APRIL 19, 2024

MANNER OF DEATH

NATURAL

FILE DATE APRIL 16, 2024

CAUSE OF DEATH

CARDIAC ARREST

APPROX INTERVAL ONSET TO DEATH
MINUTES

PARKINSON'S DISEASE

YEARS

OTHER SIGNIFICANT CONDITIONS

PROTEIN CALORIE MALNUTRITION, DEMENTIA,

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

SARAH M LITSCH DO, 24 PLAISTOW RD STE 2, PLAISTOW, NEW HAMPSHIRE 03865

MARGINAL NOTES

RECEIVED

MAR 19 2025

Town of Seabrook
Assessor's Office



4131961

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 anyone to reproduce this certificate other than local or State Registrar.

Kristin M. Kenniston, State Registrar

NORTH HAMPTON

VS-SP1

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

