

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

OWNER	BARBARA LAFAVE		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	LAFAVE	APPLICANT'S FIRST NAME	BARBARA	MI	A	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	25 PERKINS AVE LOT 80					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	80 LILLIAN AVE					
TAX MAP	8	BLOCK	13	LOT	80	

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
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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PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

STEP 1

OWNER AND
APPLICANT
NAME AND
ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER

Barbara LaFave

If required, is a PA-33 on file?

YES NO

APPLICANT'S LAST NAME

LaFave

APPLICANT'S FIRST NAME

Barbara

MI

PHONE NUMBER
Assessor's Office

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

35 Perkins Ave #800

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

80 Lillian Ave

TAX MAP

8

BLOCK

13

LOT

80

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

STEP 2

VETERANS'
TAX CREDITS
AND
EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE:

- ☐ Veteran
☐ Spouse
☐ Surviving Spouse

2. APPLYING FOR:

- ☐ Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
☐ All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)
☐ Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
☐ Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")
☐ Tax Credit for Combat Service (RSA 72:28-c) *If Adopted by Town* (\$50 up to \$500)
☐ Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

5. Date of Discharge/Release (if applicable)

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?

YES NO If YES, provide name
☐ ☐

8. Please Check One.

- ☐ US Citizen at time of entry into Service
☐ Alien but resident of NH at time of entry into Service

STEP 3
EXEMPTIONS

STANDARD EXEMPTIONS

10. ☒ 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 3-21-40 10b. Spouse's Date of Birth

11. ☐ Improvements to Assist Persons with Disabilities (RSA 72:37-a)12. ☐ Blind Exemption (RSA 72:37)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

13. ☐ Deaf Exemption (RSA 72:38-b) ☐ Electric Energy Storage Systems Exemption (RSA 72:85)
☐ 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)

STEP 4
RESIDENCY

14. ☒ NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
☐ NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
☐ NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 5
OWNERSHIP15. Do you own 100% interest in this residence? ☒ Yes ☐ No If NO, what percent (%) do you own? 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.

Barbara A. LaFave

SIGNATURE (IN INK) OF PROPERTY OWNER

6-19-25

DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

TAX MAP | BLOCK | LOT

NH
2025
E80

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

JUN 19 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Barbara LaFeve

Mailing address: 25 Perkins Ave #80 80 Lillian Ave

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

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

Number of years owned residence: 6 I have been a legal resident of NH since: 2019

Date of birth: 3-21-46 Age: 79 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>13,158.</u>	\$ <u>7</u>	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>13,158</u>	\$ _____	<u>13,158.</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 <u>TD BanIL</u>	Value \$ <u>1,734.10</u>
Checking Account:	Institution <u>TD Bank</u>	Value \$ <u>17,974.82</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000

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 \$ 29,708.92

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: Barbara A. LaFave Spouse's Signature: _____ Date: 6-19-25

Telephone number: 603-814-1591

(Office use only) Reviewed by GC

Dear Selectmen, 679-2025

Because of health procedure
to reduce the cancer in my
kidney, being hospitalized and
in rehab. My papers were not sent
in by April 15. I also am handi-
capped making it hard to go out.

I'm hoping the selectmen
will OK this, even though
it's late.

Thank you,

Barbara LaFare

RECEIVED

JUN 19 2025

Town of Seabrook
Assessor's Office

CERTIFICATION OF VITAL RECORD

State of New Hampshire

Book: 6622 Page: 2333

CERTIFICATE OF DEATH

FILE # 2024011882

Seabrook

FULL NAME OF DECEASED

JAMES A LAFAVE

DATE OF DEATH

NOVEMBER 06, 2024

TIME OF DEATH

07:08 PM

DATE OF BIRTH

NOVEMBER 21, 1944

BIRTHPLACE

STONEHAM, MASSACHUSETTS

MOTHER'S/PARENT'S NAME

MARGUERITE LAFAVE (MUSE)

FATHER'S/PARENT'S NAME

JOHN L LAFAVE

PLACE OF DEATH

SEABROOK, NEW HAMPSHIRE

DOMESTIC STATUS

MARRIED

SPOUSE'S/PARTNER'S NAME PRIOR

BARBARA LAFAVE

TO FIRST MARRIAGE/CIVIL UNION

SOCIAL SECURITY NUMBER

RESIDENCE

SEABROOK, NEW HAMPSHIRE

PLACE OF DISPOSITION

PHOENIX CREMATORY, HAMPTON, NEW HAMPSHIRE

DATE OF DISPOSITION

NOVEMBER 15, 2024

MANNER OF DEATH

NATURAL

CAUSE OF DEATH

a END STAGE LIVER CANCER

AGE 79 YRS

SEX MALE

25015826

05/27/2025 11:06:40 AM

Book 6622 Page 2333

Page 1 of 1

Register of Deeds, Rockingham County

RECORDING

10.00

SURCHARGE

2.00

FILE DATE NOVEMBER 12, 2024

APPROX INTERVAL: ONSET TO DEATH
MONTHS

RECEIVED

JUN 19 2025

Town of Seabrook
Assessor's Office

OTHER SIGNIFICANT CONDITIONS

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

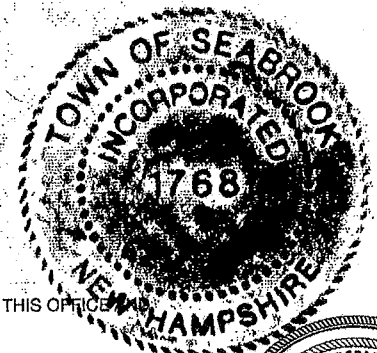
PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

KEENAN M ALHOJERRY MD, 278 LAFAYETTE ROAD, PORTSMOUTH, NEW HAMPSHIRE 03801

MARGINAL NOTES



I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE. IT SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

ATTEST:

Shayla Merrill

STATE/LOCAL REGISTRAR:

DATE ISSUED:

April 14, 2025

STATE/CITY/TOWN OF:

Kristina Martino
Kristina Martino, State Registrar

SEABROOK

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

VS-SP1



4356574

