

**Form T-79**

Application for Estate Tax Waiver



16160799990101

Decedent's first name		MI	Last name		Suffix
Decedent's address - legal residence (domicile) at time of death ("late of")					Date of Death:
Address 2					
City, town or post office				State	ZIP code

1 Has Form RI-706 been filed? .....	1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Number of shares or face amount of bond .....	2		
3 Name of Company .....	3		
4 Held in the name of .....	4		

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY**

**THIS FORM SHOULD BE TYPED**

<p><b>FOR OFFICIAL USE ONLY</b></p> <p><b>ACCOUNT ID:</b></p> <p>This is to certify that authority is hereby given to transfer the above described property belonging to the estate of the above named decedent.</p> <p style="text-align: right;">_____ Tax Administrator</p>
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**VALID ONLY WHEN SEAL AFFIXED**