

Form T-79

Application for Estate Tax Waiver

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 100 or Form 100A 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

FOR OFFICIAL USE ONLY

ACCOUNT ID:

This is to certify that authority is hereby given to transfer the above described property belonging to the estate of the above named decedent.

 Tax Administrator

VALID ONLY WHEN SEAL AFFIXED