

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 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

<p>FOR OFFICIAL USE ONLY</p> <p>ACCOUNT ID:</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