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4 State of Rhode Island Division of Taxation



5 Form T-79

6 Application for Estate Tax Waiver

16160799990101

8 Decedent's first name MI Last name Suffix

10 Decedent's address - legal residence (domicile) at time of death ("ate of") Date of Death:

12 Address 2

14 City, town or post office State ZIP code

22 1 Has Form 100 or Form 100A been filed? 1 Yes No

24 2 Number of shares or face amount of bond 2

26 3 Name of Company 3

28 4 Held in the name of 4

33 A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY

35 THIS FORM SHOULD BE TYPED

40 FOR OFFICIAL USE ONLY

42 ACCOUNT ID:

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

52 Tax Administrator

58 VALID ONLY WHEN SEAL AFFIXED

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