State of Rhode Island Division of Taxation Form T-77 Discharge of Estate Tax Lien

RETURN RECORDED DOCUMENT TO:

Name:

Address:

City, State, ZIP Code:

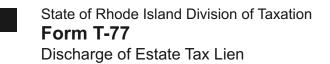


16160699990101

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	
, , , , , , , , , , , , , , , , , , , ,							
DIS	SCF	ARGE OF EST	ATE TAX	LIEN			
are hereby notified that the lien impose					ing des	cribed real property situate	
city or town listed below and belonging t	o the	below named decedent	has been discl	narged.			
DESCRIPTION AS RETURN	IED (JPON STATEMENT F	ILED WITH 1	THE RIC	IVISIC	N OF TAXATION	
CITY OR TOWN	N:						
ADDDEO	_						
ADDRESS	S: 						
TAX ASSESSOR'S DESCRIPTION	۷:						
ASSESSED IN THE NAME(S) OI	F:						
			Tax	Adminis	trator's	Seal	
			Da	te:			

RI Division of Taxation - One Capitol Hill - Providence, RI 02908

Account #



INSTRUCTIONS FOR FORM T-77

THIS FORM MUST BE TYPED AND SUBMITTED ONE PROPERTY PER FORM

Header information:

Enter the full name of the deceased along with the deceased's complete address at the time of death.

Definitions:

CITY OR TOWN means the city or town where the property is located.

DO NOT USE VILLAGE NAMES (i.e. Esmond, Wakefield, etc)

ASSESSED IN THE NAME(S) OF means the names as listed on the property tax bill. (John Smith et als; Joe Jones et ux Mary; Jane Smith and Mary Jones, JT)

DESCRIPTION RETURNED means The property description should reflect the TAX ASSESSOR'S DESCRIPTION. Usually PLAT & LOT; MAP, BLOCK & PARCEL or BLOCK & PARCEL

LATE OF means the city or town the person resided in at the time of death.

- ANY FORMS NOT PROPERLY COMPLETED WILL BE RETURNED
- FORM T-77 MUST BE TYPED AND BE WITHOUT ERROR OR IT WILL BE RETURNED
- A PROCESSING FEE MAY BE CHARGED FOR CORRECTIVE DISCHARGES