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04 ■ 2014

MAINE REVENUE SERVICES

ESTATE TAX STATEMENT OF VALUE FOR LIEN DISCHARGE
FOR CERTAIN NONTAXABLE ESTATES



99

07 700-SOV

1311000

09 Estate of: XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX
10 First Name M.I. Last Name
11
12 Date of Death: 99 99 9999
13 Social Security Number (SSN) 999 99 9999 MM DD YYYY
14
15 Residency Status: X Resident X Nonresident State of Residency (abbreviate) XX
16
17 If married/widow/widower, enter spouse's name: XXXXXXXXXXXX XXXXXXXXXXXX and SSN: 999 99 9999

18 Personal Representative or Person in Possession of Decedent's Property:
19
20 XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX
21 First Name M.I. Last Name
22
23 999 99 9999 999 9999999
24 SSN Telephone Number Fax Number
25
26 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
27 Street Address
28
29 XXXXXXXXXXXXXXXXXXXX XX XXXXX
30 City/Town State ZIP Code Email Address

31 **Authorized Representative:** If you would like to authorize a representative to act on your behalf, complete this section. Otherwise, sign and date at the bottom and mail to
32 Maine Revenue Services.
33 Authorization is granted to the representative listed below to receive copies of confidential tax information related to this statement under 36 M.R.S.A. § 191 and to act as the estate's
34 representative before Maine Revenue Services.

35
36
37 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
38 Firm Name (or preparer, if self-employed)
39
40 XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX
41 Contact Person: First Name M.I. Last Name
42
43 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
44 Contact Person Mailing Address
45
46 XXXXXXXXXXXXXXXXXXXX XX 99999 999 9999999
47 City/Town State ZIP Code Telephone Number
48
49
50 Email Address Fax Number

51 I declare that the value of the Decedent's Maine gross estate is \$2 million or less. I understand that the Maine gross estate includes all property every-
52 where held by the decedent that is included in the federal gross estate plus Maine elective property and taxable gifts made within one year of death.
53 Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct and complete.
54 Declaration of preparer is based on all information of which preparer has any knowledge.

55
56
57 _____ Date
58 Signature of Personal Representative
59 _____ 999 99 9999 _____
60 Signature of Preparer other than Personal Representative Preparer's SSN or PTIN Date
61
62
63 Firm Name (or preparer if self-employed) Preparer Address Preparer Telephone Number