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2015

MAINE REVENUE SERVICES

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



99

700-SOV

\*1311000\*

Estate of:

XXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
First Name M.I. Last Name  
Date of Death: 99 99 9999  
Social Security Number (SSN) 999 99 9999 MM DD YYYY  
Residency Status: X Resident X Nonresident State of Residency (abbreviate) XX

If married/widow/widower, enter spouse's name: XXXXXXXXXXXX XXXXXXXXXXXXX And SSN: 999 99 9999

Personal Representative or Person in Possession of Decedent's Property:

XXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
First Name M.I. Last Name  
999 99 9999 999 9999999  
SSN Telephone Number Fax Number  
XXX  
Street Address  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX  
City/Town State ZIP Code Email Address

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 Maine Revenue Services.

Authorization is granted to the representative listed below to receive copies of confidential tax information related to this statement under 36 M.R.S. § 191 and to act as the estate's representative before Maine Revenue Services.

XXX  
Firm Name (or preparer, if self-employed)

XXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
Contact Person: First Name M.I. Last Name

XXX  
Contact Person Mailing Address

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999 999 9999999  
City/Town State ZIP Code Telephone Number

Email Address Fax Number

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 everywhere 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. 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. Declaration of preparer is based on all information of which preparer has any knowledge.

Signature of Representative Date

Signature of Preparer or other than Personal Representative 999 99 9999 Preparer's SSN or PTIN Date

Firm Name (or preparer if self-employed) Preparer Address Preparer Telephone Number