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04 2016

MAINE REVENUE SERVICES

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



99

07 700-SOV

1311000

08 Estate of:

09
10 XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
11 First Name M.I. Last Name

12
13 Social Security Number (SSN) 999 99 9999 Date of Death: 99 99 9999
14 MM DD YYYY

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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
21 First Name M.I. Last Name

22
23 999 99 9999 999 9999999
24 SSN Telephone Number Fax Number

25
26 XX
27 Street Address

28
29 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX
30 City/Town State ZIP Code Email Address

31
32 **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.

33
34 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.

35
36
37 XX
38 Firm Name (or preparer, if self-employed)

39
40 XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXX
41 Contact Person: First Name M.I. Last Name

42
43 XX
44 Contact Person Mailing Address

45
46 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999 999 9999999
47 City/Town State ZIP Code Telephone Number

48
49
50 Email Address Fax Number

51
52 I declare that the value of the Decedent's Maine gross estate is \$5.45 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.

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 Signature of Representative Date

58
59 Signature of Preparer or other than Personal Representative 999 99 9999 Preparer's SSN or PTIN Date

60
61
62
63 Firm Name (or preparer if self-employed) Preparer Address Preparer Telephone Number