

**Form T-79**

Application for Estate Tax Waiver

Decedent's first name	MI	Last name	Suffix	Decedent's social security number
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

1 Has Form 100 or Form 100A been filed? .....	1	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Number of shares or face amount of bond .....	2	
3 Name of Company .....	3	
4 Held in the name of .....	4	

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY**

**THIS FORM SHOULD BE TYPED**

FOR OFFICIAL USE ONLY

ACCOUNT ID:

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

\_\_\_\_\_  
Tax Administrator

VALID ONLY WHEN SEAL AFFIXED