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Lincoln, RI 02865
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INHERITANCE TAX LIEN DISCHARGE FORM

You *MUST* attach a copy of the decedent's Death Certificate and a \$50.00 check addressed to the RI Division of Taxation to this form.

Decedent Information

Name of decedent: _____

Address: _____

SSN: _____

Was the decedent married, divorced, or widowed? (check one)

Married

Spouse's name: _____ Spouse's SSN: _____

Spouse's phone number: _____

Divorced

Spouse's name: _____ Date divorce was filed: _____

Widowed

Spouse's name: _____ we need a copy of the spouse's death certificate.

Personal Representative/ Executor/Administrator Information

Name: _____

Address: _____

Phone Number: _____

SSN: _____

Indicate the date of death value of any assets the decedent owned at the time of his/her death.

Real estate (including out of state real estate)

Property Address: _____ Date of death value: \$ _____

Property Address: _____ Date of death value: \$ _____

Property Address: _____ Date of death value: \$ _____

Life insurance policies: \$ _____

Checking accounts (including joint accounts): \$ _____

Savings accounts (including joint accounts): \$ _____

Stocks/bonds: \$ _____

401Ks: \$ _____

Bank CDs: \$ _____

Vehicles/Motorcycles: \$ _____

Jewelry: \$ _____

Artwork: \$ _____

Other: _____ Date of death value: \$ _____

Note: If additional space is needed please attach an additional page.