For office use only
Date received

Decedent					Claimant			
Name of <b>decedent</b>			Name of <b>claimant</b>	Name of <b>claimant</b>				
Date of death Decedent's Social Security number*		Claimant's Social Security r	number	Telephone num	ber			
Street address (permanent residence or domicile on date of death)			Street address	Street address				
City		State	ZIP code	City		State ZIF	P code	
			estate been app	pointed by the court?		`	Yes 🗌 N	10
				clerk? (ORS 114.515) idavit must claim the refund		······	Yes 🗌 N	10
			l? low must claim th	e refund.		······	Yes 🗌 N	10
(a) 🗌 Personal	representativ	e of estat	te. (Attach a co	nt as a (check one box or ppy of court appointme ate. (ORS 114.515) <b>(Attac</b>	nt.)	of the affidav	vit.)	
For nonprobated	or closed es	tates-						
agencies excee	d \$10,000?	·····		wages) from all state of C  a probate to receive the re		······	Yes 🗌 N	٩٥
6. If the estate is not to be probated or probate has closed, I qualify for payment under one of the following kinship groups (check one box only):					use only			
		0						
	-		nestic partner. rust created by t	the decedent				
				child of the decedent.				
	ne decedent.							
	d/or sisters of	the dece	dent.					

## Attach a photocopy of the death certificate.

If you have the original refund check, send it back with this form.

#### Signature and verification

I promise to use all of the money to pay the expenses of the last illness and funeral of the decedent if necessary.

If, after payment of the check by the state treasurer, the decedent's estate is probated, I promise to account fully to the personal representative.

If nonprobated, I promise to account fully to other persons entitled to share in this refund. I understand that the state of Oregon is not responsible for such accounting. I declare that there are no family members who are more closely related to the decedent.

I declare under the penalties of false swearing that the statements herein are true.

Nephews and/or nieces of the decedent.

Signature of claimant	Telephone number	Date
X	( )	

\*Social Security number is required for identification purposes. OAR 150-305-100. Return this form to: Oregon Department of Revenue 955 Center Street NE

# **General instructions**

## Purpose of this form

Use **Form 243**, *Claim to Refund Due a Deceased Person*, to claim a tax refund on behalf of a deceased taxpayer.

## Who should use this form?

An heir of a deceased taxpayer **must** file Form 243 to claim a refund when there is no trustee or court appointed representative.

If the court has appointed a personal representative, or a smallestate affidavit has been filed, Form 243 is **not required**.

If you are a trustee of a revocable inter vivos trust (usually called a living trust), you should be able to cash a refund check issued in the name of the decedent. If you are unable to cash the check, return it with the completed Form 243 and a copy of the death certificate if at least six months have passed since the decedent died.

## What you need to know

#### For nonprobated or closed estates:

You may file this form at the time you file the decedent's return. Staple the form and a **copy of the death certificate** to the front of the return below line 8. Mail to the address on the return.

If you have received a check in the decedent's name and are unable to cash it, return the check and the completed Form 243 with a **copy of the death certificate attached.** The refund check may be reissued in the name of the claimant as indicated on Form 243.

#### For probated estates:

If the personal representative files this form to claim the deceased person's refund for the estate, attach a copy of the court appointment or a copy of the affidavit. The refund check will be issued in the deceased person's name, in care of the personal representative.

#### To avoid refund delays, remember to:

- Check all the boxes (either yes or no).
- Attach a copy of the death certificate.
- Attach a copy of the court appointment, if any.
- Have claimant sign the form.

## **Taxpayer assistance**

General tax informationwww.oregon.gov/DOR						
Salem 503-378-4988						
Toll-free from an Oregon prefix1-800-356-4222						
Correspondence: Estate Audit, Business Division						
Oregon Department of Revenue						
PO Box 14110						
Salem OR 97309-0910						
Asistencia en español:						
En Salem o fuera de Oregon 503-378-498						
Gratis de prefijo de Oregon1-800-356-4222						

#### TTY (hearing or speech impaired; machine only):

Salem area or outside Oregon	503-945-8617
Toll-free from an Oregon prefix	1-800-886-7204

**Americans with Disabilities Act (ADA):** Call one of the help numbers for information in alternative formats.