# **Claim to Refund Due a Deceased Person** for Calendar Year \_\_\_\_\_

For office use only				
Date received				

Decedent				Claimant					
Name of <b>decedent</b>				Name of c	laimant				
Date of death	Decedent's Social Security number*		Claimant'	s Social Security n	umber	Telephone number			
Street address (permanent residence or domicile on date of death)		Street add	ress			<u>,                                      </u>			
City		State	ZIP code	City			State	ZIP code	
Has a personal representation     Note: If "Yes," the personal					ne court?			☐ Yes	□No
2. Has a small-estate affidavit been filed with the county clerk? (ORS 114.515)								□No	
3. Has the probate or small estate closed?								□No	
<ul><li>4. If the estate is to be probable</li><li>(a) ☐ Personal represent</li><li>(b) ☐ Responsible part</li></ul>	ntative	of estate.	(Attach a cop	y of court	t appointmer	nt.)	of the affi	davit.)	
For nonprobated or close	d est	ates-							
<ol> <li>Does the total due the dagencies exceed \$10,00</li> <li>Note: If "Yes," you must file</li> </ol>	0?							☐ Yes	□No
6. If the estate is not to be probated or probate has closed, I qualify to payment under one of the following kinship groups (check one box				Re	venue finar	nce use onl	у		
Surviving spouse or	-		•						
<ul> <li>☐ Trustee of a revocable inter vivos trust created by the decedent.</li> <li>☐ Children of the decedent or children of a deceased child of the decedent.</li> </ul>									
Parents of the deced		Ciliaren	n a deceased c	illia oi tile	decedent.				
☐ Brothers and/or siste		he decede	ent.						
☐ Nephews and/or nied	es of	the deced	lent.						
If			photocopy riginal refund				m.		
			Signature a	and verifi	cation				
I promise to use all of the n	noney	to pay the	e expenses of the	ne last illne	ess and funera	al of the de	cedent if ı	necessar	y.
If, after payment of the che personal representative.	ck by	the state t	reasurer, the de	ecedent's	estate is prob	ated, I pro	mise to ac	count ful	ly to the
If nonprobated, I promise to Oregon is not responsible to the decedent.		-	•						
I declare under the penaltie	s of fa	alse swear	ing that the sta	tements h	erein are true.				
Signature of claimant				Telephone (	number )		Date		
*Social Security number is require	d for ic	lontification	nurnoses OAD 15	0 205 100	Return this fo	rm to: Oreo	on Denar	tmont of E	Povonuo

955 Center Street NE Salem OR 97301-2555

## **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 information	www.oregon.gov/DOR
Salem	503-378-4988
Toll-free from an Oregon prefix	1-800-356-4222

**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	503-378-4988
Gratis de prefijo de Oregon	1-800-356-4222

#### 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.

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