# **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                         |                     |                 | ,                |             |            |           |
| City  |                                    | State         | ZIP code                     | City                |                 |                  | State       | ZIP code   |           |
|   |                                    |               |                              |                     |                 |                  |             |            |           |
| Has a personal represent Note: If "Yes," the personal   |                                    |               |                              |                     | ne court?       |                  |             | ☐ Yes      | □No       |
| 2. Has a small-estate affida <b>Note:</b> If "Yes," the respons   |                                    |               |                              |                     |                 |                  |             | ☐ Yes      | □No       |
| 3. Has the probate or small estate closed?  |                                    |               |                              |                     |                 |                  |             | □No        |           |
| <ul><li>4. If the estate is to be probable</li><li>(a) ☐ Personal represer</li><li>(b) ☐ Responsible party</li></ul>                | ntative                            | of estate.    | . (Attach a cop              | y of cour           | t appointmer    | nt.)             | of the affi | davit.)    |           |
| For nonprobated or close  | d est                              | ates-         |                              |                     |                 |                  |             |            |           |
| <ol> <li>Does the total due the deagencies 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 q payment under one of the following kinship groups (check of       |                                    |               |                              |                     | Re              | venue finan      | ice use onl | у          |           |
| Surviving spouse or   | -                                  |               | •                            |                     |                 |                  |             |            |           |
| ☐ Trustee of a revocable inter vivos trust created by the deceder ☐ Children of the decedent or children of a deceased child of the |                                    |               |                              |                     |                 |                  |             |            |           |
| Parents of the deced  |                                    | Ciliaren      | n a deceased c               | rilia oi trie       | decedent.       |                  |             |            |           |
| ☐ Brothers and/or siste   |                                    | he decede     | ent.                         |                     |                 |                  |             |            |           |
| ☐ Nephews and/or nied   | es of                              | the deced     | lent.                        |                     |                 |                  |             |            |           |
| If  |                                    |               | photocopy<br>original refund |                     |                 |                  | m.          |            |           |
|   |                                    |               | Signature a                  | and verifi          | cation          |                  |             |            |           |
| I promise to use all of the n   | noney                              | to pay the    | e expenses of th             | ne last illne       | ess and funera  | al of the de     | cedent if r | necessary  | 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 for the decedent.  |                                    | -             | •                            |                     |                 |                  |             |            |           |
| I declare under the penaltie  | s of fa                            | alse swear    | ring that the sta            | tements h           | erein are true. |                  |             |            |           |
| Signature of claimant   |                                    |               |                              | Telephone (         | number<br>)     |                  | Date        |            |           |
| *Social Security number is require  | d for id                           | lontification | nurnoses OAD 150             | 0 205 100           | Return this fo  | rm to: Oreo      | on Denar    | tment 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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