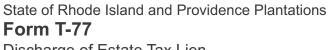
# State of Rhode Island and Providence Plantations Form T-77

City, State, ZIP Code:

### Discharge of Estate Tax Lien

Decedent's first name	MI	Last name	Suffix	Deced	lent's social security number
					(D. 1)
Decedent's address- legal residence (don	nicile) at	time of death ("late of")		Date o	of Death:
Address 2					
				<b>.</b>	
City, town or post office				State	ZIP code
D	ICCI	IARGE OF ESTA	TE TAVITE	NT.	
D	13CF	IARGE OF ESTA	IE IAX LIE		

DESCRIPTION AS RETURNED	PON STATEMENT FILED WITH THE RI DIVISION OF TAXATION
CITY OR TOWN:	
ADDRESS:	
TAX ASSESSOR'S DESCRIPTION:	
ASSESSED IN THE NAME(S) OF:	
_	
_	
_	Tax Administrator's Seal
_	Tax Administrator's Seal  Date:
_	



Discharge of Estate Tax Lien

### **INSTRUCTIONS FOR FORM T-77**

## THIS FORM MUST BE TYPED AND SUBMITTED ONE PROPERTY PER FORM

#### **Header information:**

Enter the full name of the deceased along with the deceased's complete address at the time of death.

### **Definitions:**

**CITY OR TOWN** means the city or town where the property is located.

DO NOT USE VILLAGE NAMES (i.e. Esmond, Wakefield, etc)

**ASSESSED IN THE NAME(S) OF** means the names as listed on the property tax bill. (John Smith et als; Joe Jones et ux Mary; Jane Smith and Mary Jones, JT)

**DESCRIPTION RETURNED** means The property description should reflect the TAX ASSESSOR'S DESCRIPTION. Usually PLAT & LOT; MAP, BLOCK & PARCEL or BLOCK & PARCEL

**LATE OF** means the city or town the person resided in at the time of death.

- ANY FORMS NOT PROPERLY COMPLETED WILL BE RETURNED
- FORM T-77 MUST BE TYPED AND BE WITHOUT ERROR OR IT WILL BE RETURNED
- A PROCESSING FEE MAY BE CHARGED FOR CORRECTIVE DISCHARGES