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FORM 209 DELAWARE CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER

DECEDENT'S N.	AME:	DATE OF DEATH:	DECEDENT'S SOCIAL SECURITY NUMBER
CLAIMANT'S NA	ME:		CLAIMANTS SOCIAL SECURITY NUMBER
CLAIMANT'S AD	DRESS:		
CITY:		STATE: ZIP CODE:	
PART 1. C		DU (CHECK ONLY ONE BOX). MAKE SURE	
В.	Person, other than A, claiming refund for the	decedent's estate. Complete Part 2 and attach a copy	of the death certificate or proof of death.
	OMPLETE THIS PART ONLY IF YOU CH		YES NO
1.	Did the decedent leave a Will?		
2a.	Has a personal representative been appointe	d by a court for the estate of the decedent?	
2b.	If "NO", will one be appointed?		
	If 2a or 2b is answered "YE	S", the personal representative must file for t	the refund
3.	As the person claiming the refund for the dec	edent's estate, will you pay out the refund according to	the
		egal resident?	
		und cannot be made until you submit a court	
	• • • • • • • • • • • • • • • • • • • •	as personal representative or other evidence	e that you
	are entitled, under state law	, to receive the refund.	
l re		LERS MUST COMPLETE THIS PART) n behalf of the decedent. Under penalties of penalties of penalties of penalties and belief, it is true, correct, and complete.	perjury, I declare that I have
		MM DD YY	
Claimant's S	ignature:	Date:	