



**DEX-41**  
 BUREAU OF INDIVIDUAL TAXES  
 PO BOX 280508  
 HARRISBURG PA 17128-0508

**APPLICATION FOR  
 PROPERTY TAX/RENT  
 REBATE DUE THE DECEDENT**

**SECTION I DECEDENT INFORMATION**

Name of Decedent	Date of Death	Decedent's Social Security Number
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**SECTION II APPLICATION SUBMITTER INFORMATION**

Name

Street Address

City	State	ZIP Code
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I am filing this application as (*select only one oval*):

- The surviving spouse. (Attach a copy of the decedent's death certificate.)
- The personal representative of the decedent's estate. (Attach a copy of a short certificate or court order showing your appointment.)
- The personal representative of the decedent where a will has **NOT** been probated or where there is no will. (Attach a copy of the decedent's death certificate and a receipted copy of the claimant's funeral bill and proof that you directly paid for funeral expenses that are equal to or greater than the amount of the rebate being claimed. Acceptable proof of this payment include the front and back of the canceled check, a credit card/bank statement, or other document showing you personally paid for the funeral expenses. State your relationship to the decedent: \_\_\_\_\_ . Sign the affidavit below and have your signature notarized.)

**SECTION III AFFIDAVIT**

Complete Section III only if Oval 3 is selected in Section II.

**I am making a request for monies due the decedent and certify that the information provided on this claim has been examined by me and is, to the best of my knowledge, true and correct. Any monies that I receive as a result of this claim will be disbursed according to the laws of the Commonwealth of Pennsylvania.**

\_\_\_\_\_  
 (SIGNATURE OF PERSON FILING THIS CLAIM)

**SECTION IV NOTARIZATION**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)

