# State of Rhode Island Division of Taxation Form T-77

Discharge of Estate Tax Lien



16160699990101

Decedent's first name	MI Last name	Suffix		
Decedent's address- legal residence (domicile) at time of death ("late of")		D	Date of Death:	
Address 2				
City, town or post office		S	tate ZIP code	
Di	SCHARGE OF EST	ATE TAX LIEN		
וע	SCHARGE OF EST.	AIL IAX LIEN		
ou are hereby notified that the lien impos	ed by R.I. Gen. Laws Section 4	4-23-12 upon the following	described real property situated in	
he city or town listed below and belonging	to the below named decedent	has been discharged.		
DESCRIPTION AS RETUR	NED UPON STATEMENT F	ILED WITH THE RI DIV	ISION OF TAXATION	
CITY OR TOV	VN:			
ADDRES	SS:			
TAX ASSESSOR'S DESCRIPTION	ON:			
ASSESSED IN THE NAME(S)	OF:			
		Tax Administra	tor's Seal	

RETURN RECORDED DOCUMENT TO:

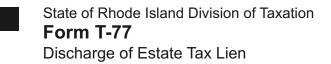
Name:

Address:

City, State, ZIP Code:

Date:

Account #



### **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