(Resident-Decedent)
(Form of preliminary report to secure consents to transfer where final return cannot be presently completed)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF TAXATION

Individual Tax Audit Branch Transfer Inheritance and Estate Tax PO Box 249 Trenton, New Jersey 08695-0249 (609) 292-5033

Failure to fully complete this form will result in no waivers being issued

	IN THE MAT	TER OF	THE ESTATE OF	•		
				Decedent's So	/ cial Security Number	
	(State Full N	ame of Dec	_	December 6 documents of the control		
Late of					idavit of:	
(City) (County)				Executor	Administrator	
					and Next of Kin	
STATE OF		<u> </u>	} s.	S. (Indicate o	above with an X)	
			(E)	ecutor), (Administrator), (Heir-a	t-Law and Next of Kin) of above	
			re true and that this affidavit is subr ar detailed inheritance tax return.	nitted for the purpose of securing	consents to transfer certain assets	
Decedent died {	Testate	}				
	Intestate	,	(Month)	(Day)	(Year)	
Letters of	Administration Testamentary	}	were issued by the Surrogate of State of			
Address to which all correspondence should be mailed.			(Name)	(Phone Number)		
			(Street)	(City)	(State) (Zip)	
1. Following is th	e status of decedent'	s estate a	s presently established:			
(Real and tangi located held in	ible personal property dividually, jointly or	y located otherwise	in New Jersey and intangible perso	onal property wherever		
-	, legal services, etc.)			\$		
FOR DECED	ENTS DYING AFT	ER DEC LESS DI	EMBER 31, 2001, GROSS EDUCTIONS* (\$)		
ESTATE TAX		ER THE) FOR FEDI PROVISIONS OF THE INTERI EMBER 31, 2001	NAL		
			rvived by a civil union partner, a m e in effect on 12/31/01 may be incl		mitted a surviving spouse under	
-	=		ance _and/or Estate Tax _return ed, attach rider):			

nes and relationship of transferees tants.) (If decedent made no such			
	n transfers, state "NONE".)		
	ia		
FULL ASSESSED VALUE	FULL MARKET VALUE		
\$	\$		
ng institutions located in this State bintly, set forth exactly in whose r	e and brokerage accounts, wh		
NAME OF COMPANY, NUMBER AND KIND OF SHARES			
	\$		
4.44			
3	ASSESSED VALUE \$ ag institutions located in this State bintly, set forth exactly in whose receiving the state of the sta		

NAME OF BANK	Di	TE OF EATH LANCE	CURRENT BALANCE	TO CREDIT OF:
	·			
				· ·
1.50				
				·
			·	
<u> </u>				
				- M. J. 18
		-		
NOTE: Banks have permission to release				
Relationship to decedent of those who so	urvived decede	ent and are	entitled to share in the	
NAMES AND ADDRESSES		RELATIONSHIP		AGES OF LIFE TENANTS
		· *:		
· · · · · · · · · · · · · · · · · · ·	4			
		1		
				* ************************************
Tax waivers are requested at this time for	or the following	g items:		
10/1 110/110/10 110 110/				V
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		_		
	•			MANAGA P

assets held as agent for the decedent.)

	ng to make such payment on account as magance of consents to transfer in absence of a	y be determined to be necessary by the Inheritance Tax Branch in order detailed return.				
 Deponent certifies that the usual detailed resident return in connection with this estate will be filed with the Divis the earliest possible date. 						
		(Executor), (Administrator), (Heir-at-Law and Next of Kin)				
	My Home Address is					
•	My Holle Address is	Street and Street Number				
	<u>-</u>	City or Town and State				
SWORN AND SUBSCRIBE	D TO					
BEFORE ME THIS	•					
DAY OF						
	<u> </u>					
	,					
even though a paym		fficient portion of the assets to assure collection of the tax. The Branch will not issue consents to transfer all personal tax (N.J.A.C. 18:26-9.4).				