

**INHERITANCE TAX PREPAYMENTS**

(INFORMATION REQUIRED FOR INHERITANCE TAX  
PAYMENTS BEING MADE BEFORE OPENING AN ESTATE)

NAME OF DECEDENT \_\_\_\_\_  
FIRST MI LAST

DECEDENT'S ADDRESS \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

PERSONAL REP/  
INFORMANT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

ATTORNEY  
(IF APPLICABLE)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
SUPREME COURT ID NO.