2020 Form OR-706

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Oregon Department of Revenue

17512001010000

Office	use	only	

Oregon Estate	Transfer Tax	Return									
			Submit original fo			сору.					
Part 1 (Print or type) ● Amended ● Decedent's first name ● Initial ● Decedent's last name								•Deceder	ntin Casial	Coouris	y number (SSN
● Amended	Decedent's in	striame	● Initial ● Deced	ent's last name				Decede	nt's Social	Securii	y number (551)
Return Decedent's domicile (legal	al rasidanas)					,	Estate				
	ai residence)	1				1	1				
● City		● Cour	nty			●State	●Country				
●Date of birth	Date of death		● Year domicile estat	blished		● An ex	tension of	time		A sep	parate
Is the estate being pro	bated in Oregon	?				to file	is included	4			on is claimed
●If Yes— Oregon cou							tension of				
Oregon probate num							y is include				
	iber.			● Fve aut	- CCN	ιο pa	y is include		-	TINI	
• Executor's name				● Execute	or's 55N			EXE	ecutor's F -	EIN	
● Executor's mailing add	dress			● City				●Sta	te ZIP	code	
• Executor's title								● Exe	ecutor's p	hone _	_
	Incl	ude a cop	y of all required	d schedules ar	nd suppo	orting de	ocuments).	,		
			Part 2-	-Tax comput	ation						
1. Total gross estate	(from page 3, pa	rt 5, line 512	2)				1				. 00
2. Total allowable de	ductions (from pa	age 3, part 5	5, line 522)				• 2				. 00
3. Reserved							3				
4. Taxable estate (line	e 1 minus lines 2	and 3 if an	nlicable))				• 4				.00
•			. "				5.				. 0 0
6. Gross value of pro				_			. 0	0			
7. Oregon percentage					1000()	• 7		%			
							_				. 0 0
8. Tax payable to Ore	-										.00
9. Natural Resource	•										
10. Net estate tax (line	,										.00
11. Amount paid by o	-	•									.00
12. Tax due (line 10 m	inus line 11)						12	•			.00
13. Overpayment (line		•									. 00
14. Penalty for late fili											. 0 0
15. Interest on late pa	yment (see instru	ıctions)					15				.00
16. Total due (add line	es 12, 14, and 15)					16				. 00
17. Refund (line 13 m	inus lines 14 and	15)					17				. 00
Signature and authorization											
knowledge and belief it is tr	ue, correct, and com	olete. If prepare	ed by a person other th		declaration	is based or				er has a	any knowledge.
Executor's signature				Date	,		Execut	or's phone	9		
X				/	/		()	_		
Title				Executor's	s SSN		Executor's FEIN				
				_	_		_				
● Check the bo	x to authorize th	e following i	ndividual(s) to rece	ive and provide c	onfidentia	l tax infor	mation relat	ing to thi	s return.		
●Preparer's first n	ame (print) Initial	• Preparer's	s last name	Title							
●Preparer's mailin	ng address	·		●City					State	ZIP co	ode
				1							
Signature of prepa	ırer			Phone			Date		●Lice	ense nu	ımber

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Decedent's first name

Oregon Department of Revenue

175120010	2000	

● Decedent's first name	● Initial	● Decedent's las	st name				
				, Estate			
Part 3—Elections b	v the ex	ecutor		Check the "Yes"	hox for each question	on, if applicable. See instruc	ctions
Tare Licotions b	y tile ex	Coutoi		Oncok the res	box for cach question	л, п аррисаыс. Осс тыпас	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1. Do you elect alternate	valuation	?				● 1.	Yes
2. Do you elect special u	ıse valuatio	on? Include fede	eral Schedule A-1			• 2. <u> </u>	Yes
3. Do you elect to postpe				-			7
in Section 6163?						● 3. ∟	Yes
Part 4—General info				a copy of the deatl	n certificate and all sup	porting documents. See instru	ctions.
●1. Marital status of the	decedent a	at time of death	:	● Date divorce de	cree became final		
Married Sing	gle	Legally separate	ed Divorced:	/ /	oreo became ima		
Widow or ●Name	of decease	d spouse • Initial	●Last name		SSN of deceased	● Date of death	
widower		a opeass a.	- 2ast Haille			/ /	
2. •2a. Surviving spouse's r	aama Alniti	al Alast name		●2b. Survi	ver's CCN	On Amount received (and inc	
2. •2a. Surviving spouse's r	name • milia	ai • Last name		●2b. Survi	- VOI S 33IN	●2c. Amount received (see ins	. 00
	!	!		1			
· ·					· ·	t include charitable beneficiarie	
●Indiv. receiving \$5,000 or more	' 	· · · · · · · · · · · · · · · · · · ·	ivacy Act Notice (app	Relation to decede		ee instructions for federal Form • Amount (see instructions)	1040.
		uot numo					.00
●Name of trust or estate rec	eiving \$5,00	00 or more		●SSN	●FEIN		
●Indiv. receiving \$5,000 or more	●Initial ● L	ast name		● Relation to decede	ent —	Amount (see instructions)	
						,	.00
●Name of trust or estate rec	eiving \$5,00	00 or more		●SSN 	●FEIN _		
● Indiv. receiving \$5,000 or more	●Initial ● L	ast name		Relation to decede	ent	● Amount (see instructions)	
					··		.00
●Name of trust or estate rec	eiving \$5,00	00 or more		●SSN — —	●FEIN —		
●Indiv. receiving \$5,000 or more	●Initial ● L	ast name		Relation to decede	nt	Amount (see instructions)	
• Nome of twist or catata rea	aissing ¢E 00	10 au manu		ACCNI	A FFIN		.00
●Name of trust or estate rec	eiving \$5,00	o or more		●SSN — —	●FEIN —		
● Indiv. receiving \$5,000 or more	●Initial ● L	ast name		Relation to decede	ent	Amount (see instructions)	
●Name of trust or estate rec	eiving \$5.00	00 or more		●SSN	●FEIN		. 0 0
	01VII19	o or more			-		
●Indiv. receiving \$5,000 or more	●Initial ● L	ast name		Relation to decede	ent	● Amount (see instructions)	
●Name of trust or estate rec	 	00 or more		●SSN	●FEIN		. 0 0
	3 70,00				_		
● Indiv. receiving \$5,000 or more	●Initial ● L	ast name		Relation to decede	ent	● Amount (see instructions)	
●Name of trust or estate rec	eiving \$5,00	00 or more		●SSN	●FEIN		.00
		-			_		
					_		.00
3b. All unascertainable be	eneficiaries	and those who	receive less than \$5	,000,	······································	3b	. 00
3c. Total					•	3c.	.00

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Oregon Department of Revenue

● De	cedent's first name	● Initial	● Decedent's last name						
				, Esta	ate	Check the "Yes" box for each	auestion	if applica	able
4. [Does the gross estate c	ontain a	ny Section 2044 property [qualified	terminable int	erest		94004011,	паррпоа	.0.0.
							• 4.		Yes
	- '					n as described in the instructions.			
5. a	. Was any insurance oi	n the dec	cedent's life not included on the reti	ırn as part of t	he gr	ross estate? (Schedule D, Form 712)	● 5a.		Yes
b	. Did the decedent own	any insu	urance on the life of another that is n	ot included					
	in the gross estate? (S	Schedule	D, Form 712)				• 5b.		Yes
6. E						survivorship in which (a) one or more			
O	of the other joint tenants	s was so	meone other than the decedent's s	pouse, and (b)	less :	than the full value of the property is			
ir	ncluded on the return a	s part of	the gross estate? (Schedule E)				• 6.		Yes
7. a	. Did the decedent, at	the time	of death, own any interest in a part	nership or unii	ncorp	orated business, limited liability			
	company, or any stoc	k in an i	nactive or closely held corporation?				● 7a.		Yes
b			terest owned (from 7a) discounted				_		
	instructions on report	ting the t	otal accumulated or effective disco	unts taken on	Sche	edule F or G	• 7b.		Yes
	oid the decedent make	•					_		
S	Section 2035, 2036, 203	37, or 20	38? (Schedule G)				8.		Yes
			ne of the decedent's death:				_		
						document)	9a.		Yes
b			decedent under which the deceder				_		
							9b.		Yes
			exercise, or release any						
							10.		Yes
						eneral" paragraph of the instructions	•		.,
	•	,					11.		Yes
						the estate of a pre-deceased spouse	• 40		V
			isn't reported on this return? If "Yes	," include an e	xpian	nation	12.		Yes
	t 5—Recapitulations estate)			(a)	Alternate value (b) Value	e at date	of death	
		tata		• F01	(u)	. 0 0	J at date		0.0
			ds			.00			00
			es, and cash			.00			00
	_		decedent's life [include Form(s) 712]			.00			00
			roperty	_		.00			00
	•		eous property			.00			00
			decedent's life	•		.00			00
		_	intment	_		.00			00
						.00			00
510.			01 through 509)			.00		•	00
511.			rvation easement exclusion			. 0 0		٠	00
512.			usion (line 510 minus line 511).						
			1	• 512.		. 0 0			00
Dedu	uctions						Amount		
513.	Schedule J-Funeral	expense	es and expense incurred in administ	ering property	subje	ect to claims • 513.			00
514.	Schedule K-Debts of	of the dec	cedent			• 514.			00
515.	Schedule K-Mortgag	ges and	liens			• 515.			00
516.	Total of lines 513 thro	ugh 515				• 516.			00
517.	Allowable amount of	deductio	ns from line 516 (see instructions)			• 517.			00
518.	Schedule L-Net loss	ses durin	g administration			• 518.			00
519.	Schedule L-Expense	es incurr	ed in administering property not sul	oject to claims		• 519.			00
520.			to surviving spouse (see instruction						00
521.	Schedule O-Charita	ble, publ	ic, and similar gifts and bequests			<u> </u>			00
522.	Total deductions (ad	d lines 5	17 through 521) (Enter here and on	part 2, line 2)		• 522.		•	00