



Department of Taxation

Estate Tax Unit
P.O. Box 183050
Columbus, OH 43218-3050
1-(800) 977-7711
tax.ohio.gov

ET 21
Rev. 4/12

Date Received by Ohio Department of Taxation

Application for Certificate of Release of Ohio Estate Tax Lien

For dates of death July 1, 1983 – Dec. 31, 2012

Estate of: Decedent's last name		Decedent's first name and initial		Date of death
County in Ohio	Case number	Decedent's Social Security #		Has an Ohio estate tax return been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of preparer _____				If "yes," give date it was filed Month/Day/Year _____
Address _____				Amount of tax paid or to be paid \$ _____
City, state and ZIP code _____				
Telephone number of preparer _____				
Please check the appropriate title (including ancillary executor or administrator): <input type="checkbox"/> Attorney <input type="checkbox"/> Executor <input type="checkbox"/> Administrator(s)				

List the approximate value of the real estate on the appropriate schedule below, list all other gross assets under "All Other Property," then list deductions as shown.

Approximate Gross Estate Values			Name and address of the purchaser, transferee or mortgagee and state relation to applicant decedent.	
Schedule A Real estate		\$ _____		Purchase/sales price on property: \$ _____
Schedule E Jointly owned property		\$ _____		
Schedule G Transfers during decedent's life		\$ _____		
Schedule H Power of appointment property		\$ _____		
All other property		\$ _____		
Total gross estate		\$ _____	Will the estate be claiming any of the following on the estate tax return (estate tax form 2):	
J	Debts and expenses of administration	\$ _____		
K	Charitable deductions	\$ _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Current agricultural use valuation (CAUV) per Ohio Revised Code R.C.) section 5731.011
L	Marital deduction	\$ _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Extension of time to pay estate tax per R.C. section 5731.25
T	Qualified family-owned business interest deduction	\$ _____		
Total deductions (schedules J, K, L and T)		\$ _____		

To be completed by the Ohio Department of Taxation

The application for this release of Ohio estate tax lien is: Approved Not approved

Tax commissioner	By	Date
------------------	----	------

**Submit this form in duplicate to: Ohio Department of Taxation
Estate Tax Unit
P.O. Box 183050
Columbus, OH 43218-3050 or
Fax (614) 387-1984**

Documents to be attached:

1. Copy of will and letters of administration or testamentary, if any.
2. Copy of contract of sale, if any.
3. List below a description of the property to which this application applies, showing the value of the property and the basis of the valuation. Continue on supplemental sheets, if necessary. Include parcel number and address of property to be released.
4. Attach a statement of the reasons why you are applying for a release.
5. Attach a copy of the latest real estate tax bill received or the auditor's tax card.

This certificate releases the lien of the state of Ohio imposed by **R.C. section 5731.37** on the property described below: