## **2024 Form OR-706** Page 1 of 3, 150-104-001

(Rev. 05-28-24, ver. 01)

Oregon Department of Revenue

17512401010000

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Oregon Estate Transfer Tax Return	Oregon	Estate	Transfer	Тах	Return
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		Submit d	original form—do	not submit ph	otocopv.				
			Part 1 (Prir						
Amended     Decedent first name			• Decedent last na				Deceder	nt Social Secur	rity number (DSSN)
Return					,	Estate	_	_	
Decedent domicile (legal	l residence)								
●City		● County			●State	●Country			
Date of birth	Date of death	●Year don	nicile established						
/ /	/ /				<ul> <li>An extension</li> </ul>	sion of time	e to file	•A	separate
Is the estate being pro	bated in Oregon?		_		was previ	ously requ	ested	ele	ection is claimed
● If Yes- Oregon co	unty:				An extension	sion of time	e to <b>pay</b>		
<ul> <li>Oregon probate nun</li> </ul>	nber:				was previ	ously requ	ested		
• Executor name				●Ex	ecutor SSN		• Exe	ecutor FEIN	
							-	-	
• Executor mailing addr	ess		• (	City			●Sta	te •ZIP coo	e
• Executor title			I				• Exe	ecutor phone	
	<u> </u>		<u> </u>				(	)	
	Include		required sched			ocument	S.		
			Part 2 – Tax c				-		
	(from page 3, part 5,								. 0 0
	eductions (from page								. 0 0
	property exemption (ii					_			. 0 0
	e 1 minus lines 2 and								. 0 0
	(see instructions, pa								. 0 0
	operty located in Oreg				• -	. 0	%		
	e (see instructions)					•			. 0 0
	egon (line 5 multiplied					-			. 0 0
	Credit (from Schedul		,						. 0 0
<ol> <li>Forest Conservati</li> <li>Net estate tax (line)</li> </ol>									. 0 0
12. Amount paid by o		•							. 0 0
13. Tax due. Is line 11									. 0 0
14. Overpayment. Is									. 0 0
15. Penalty for late fili									. 0 0
16. Interest on late pa									.00
17. Total due (add lin	•								. 0 0
18. <b>Refund</b> (line 14 m	, ,								.00
Signature and authorization knowledge and belief it is tr	on: Under penalties of false	e swearing, I declare	that I have examined	this return, includi	ng accompanyir	ng schedules	and statem		est of my
Executor signature	מכ, סטוופטו, מוע סטווףופופ.	יי איפאמיפט איז מ אפוז		Date	auri is daseu Ul		tor phone	me piepaiel II	
X				/ /		/			
Title				Executor SSN		Execu	tor FEIN		
						I			

## • Check the box to authorize the following individual(s) to receive and provide confidential tax information relating to this return.

Preparer first name (print)	● Initial	● Preparer last name	Т	ītle				
Preparer mailing address			●C	lity		●Sta	te	●ZIP code
Preparer signature			Pho	one	Date		Pre	eparer license
Х			(	) —	/ /			

## 

Rev. 05-28-24, ver. ( Decedent first name	● Initia	Dece	dent last	name			
					, Estate		
art 3—Election	ns by the e	xecuto	r		Check the "Yes"	" box for each question	n, if applicable. See instruction
1. Do you elect alte	rnate valuatior	า?					• 1. 🗌 Y
2. Do you elect spe	cial use valuat	tion? Incl	ude fede	eral Schedule A-1			• 2. 🗌 Y
3. Do you elect to p	ostpone the p	art of the	e taxes a	ttributable to a rev	ersionary or remaind	der interest as described	
							• 3. L Y
Part 4 – Genera			of death:		e a copy of the deat	th certificate and all supp	porting documents. See instruction
Married	Single		separate		/ /	ecree became final	
	Deceased spous			●Last name		●SSN of deceased	● Date of death
widower							/ /
●2a. Surviving spo	use name Init	tial •Las	t name		●2b. Surv	vivor SSN	●2c. Amount received (see instructi
					—	—	. (
a. Individuals (othe	r than the surv	iving spo	use), tru	sts, or other estate	s who receive benef	fits from the estate (don't	include charitable beneficiaries
shown in Sched				vacy Act Notice (ap	Pelation to deced		e instructions for federal Form 1040
Indiv. receiving \$5,000 d		Last name	;			lent	Amount (see instructions)
Name of trust or esta	te receiving \$5,0	00 or mor	e		●SSN	●FEIN	
Indiv. receiving \$5,000 o	r more Initial	Last name	•		Relation to deced	lent	<ul> <li>Amount (see instructions)</li> </ul>
Name of trust or esta	te receiving \$5 (	)00 or mor	0		●SSN	●FEIN	. C
Name of trust of esta			6			-	
Indiv. receiving \$5,000 o	r more Initial	Last name	)		Relation to deced	lent	Amount (see instructions)
Name of trust or esta	te receiving \$5,0	00 or mor	e		●SSN	●FEIN	
Indiv. receiving \$5,000 o	r more Initial	l ast name	•		● Relation to deced	lent	<ul> <li>Amount (see instructions)</li> </ul>
		Laot name					• • • • • • • • • • • • • • • • • • •
Name of trust or esta	te receiving \$5,0	00 or mor	e		●SSN	●FEIN 	
Indiv. receiving \$5,000 o	r more Initial	Last name	)		Relation to deced	lent	Amount (see instructions)
Name of trust or esta	te receiving \$5.0	)00 or mor	e		●SSN	●FEIN	. C
						-	
Indiv. receiving \$5,000 o	r more Initial	Last name	•		Relation to deced	lent	Amount (see instructions)
Name of trust or esta	te receiving \$5,0	000 or mor	e		●SSN	●FEIN	
Indiv. receiving \$5,000 o	r more Initial	Last name	•		● Relation to deced	lent	<ul> <li>Amount (see instructions)</li> </ul>
							• •

3b. All unascertainable beneficiaries and those who receive less than \$5,000	3b.	. C
3c. Total●	3c.	. C

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Oregon Department of Revenue



(Rev.	05-28-24, ver. 01)				•		
• Dec	cedent first name	● Initial	• Decedent last name				
				, Estate		ox for each question, i	if applicable.
4. C	Does the gross estate of	contain a	ny Section 2044 property [qualified te	rminable interest	property (QTIP) from a prior	gift or	
	,						Yes
lf you	u answer "Yes" to an	y of que	stions 5–12, you must include addit	ional informatior	n as described in the instru	uctions.	
5. a	. Was any insurance o	on the de	cedent's life not included on the return	n as part of the gr	oss estate? (Schedule D, Fo	orm 712) 5a.	Yes
b			urance on the life of another that is not			-	
			D, Form 712)				Yes
			death, own any property as a joint te				
C	f the other joint tenant	ts was so	pmeone other than the decedent's spo	ouse, and (b) less	than the full value of the pro	perty is	
			f the gross estate? (Schedule E)				Yes
7. a			of death, own any interest in a partne				
			nactive or closely held corporation?				Yes
b			terest owned (from 7a) discounted on			-	
		-	total accumulated or effective discour	nts taken on Sche	dule F or G		Yes
	id the decedent make						
			38? (Schedule G)				Yes
			me of the decedent's death:			•	$\Box$
			edent during his or her lifetime? (Sch			9a.	Yes
b			decedent under which the decedent				
			nd trust document)			• 9b.	Yes
			exercise, or release any			• 10	
			(Schedule H)				Yes
		•	before death, receiving an annuity de			•	Yes
			eficiary of a trust for which a deductio				
			isn't reported on this return? If "Yes,"				Yes
	t 5—Recapitulation		isin treported on this return? If fes,	include an explan	Iauon		
	s estate			(a)	Alternate value	(b) Value at date o	of death
		tato		• 501.	.00		.00
			ds		. 0 0		.00
			es, and cash	• 503.	. 0 0		.00
	-	-	e decedent's life [include Form(s) 712]	-	. 0 0		.00
			roperty	• 505.	. 0 0		.00
	•		eous property		.00		.00
			decedent's life	-	.00		.00
508.			intment	• 508.	.00		.00
509.				• 509.	.00		.00
510.			01 through 509)	_	.00		.00
511.			rvation easement exclusion		.00		.00
512.			<b>usion</b> (line 510 minus line 511).				
			1	• 512.	. 0 0 •		.00
Dedu	uctions				-	Amount	i
513.	Schedule J-Funeral	expense	es and expense incurred in administer	ing property subje	ect to claims • 513.		.00
514.			cedent				. 0 0
515.	Schedule K-Mortga	iges and	liens		• 515.		. 0 0
516.	Total of lines 513 thro	ough 515					. 0 0
517.	Allowable amount of	deductio	ons from line 516 (see instructions)				. 0 0
518.			g administration				. 0 0
519.			ed in administering property not subje				. 0 0
520.			to surviving spouse (see instructions)				.00
521.			lic, and similar gifts and bequests				. 0 0
			17 through 521) (Enter here and on p		•		.00

Part 6—Estate transfer tax table. See part 6 in the instructions for the tax table, computation instructions, and an example. Include a copy of all required schedules and supporting documents. Mail to: See instructions. Addresses have changed.