Form OR-243       Oregon Department of Revenue       00410001010000       Date received         Page 1 of 1, 150-101-032       Oregon Department of Revenue       00410001010000       Date received         Claim to Refund Due a Deceased Person       Submit original form—do not submit photocopy       Date received       Date received         For calendar year(s)       Decedent       Claimant	
Submit original form—do not submit photocopy         For calendar year(s)	
For calendar year(s)	
For calendar year(s)	
Decedent	
Decedent first name Claimant first name Claimant last name	
Date of death         Decedent Social Security number (SSN)         Claimant SSN         Phone	
/ / ( )	_
Street address (permanent residence or domicile on date of death) Street address	
City         State         ZIP code         City         State         ZIP code	
1. Has a personal representative for the estate been appointed by the court?	🗌 No
If "Yes," the personal representative must claim the refund.	
2. Has a small-estate affidavit been filed with the county clerk?	No No
If "Yes," the responsible party on the small-estate affidavit must claim the refund.	
3. Has the probate or small estate closed?	L No
If "Yes," claimant from number 6 below must claim the refund. 4. If the estate is to be probated, I am filing this statement as a (check one box only):	
(a) Personal representative of estate. (Attach a copy of court appointment.)	
(b) Responsible party filing affidavit for a small estate. (Attach a copy of the affidavit.)	
For nonprobated or closed estates	
5. Does the total due the decedent (except for salary or wages) from all state of Oregon agencies exceed \$10,000?	No
If "Yes," you must file a small-estate affidavit or open a probate to receive the refund.	
6. If the estate isn't to be probated or probate has closed, I qualify for payment under	
one of the following kinship groups (check one box only):	
Revenue Finance use of           Surviving spouse or registered domestic partner.	oniy
Trustee of a revocable inter vivos trust created by the decedent.	
Children of the decedent or children of the decedent's deceased child.	
Parents of the decedent. Brothers and/or sisters of the decedent.	
Nephews and/or nieces of the decedent.	
Attach a photocopy of the death certificate.	
If you have the original refund check, send it back with this form. Signature and verification	
I promise to use all of the money to pay the expenses of the last illness and funeral of the decedent if necessary. If, after	payment of
the check by the state treasurer, the decedent's estate is probated, I promise to account fully to the personal representat	
If nonprobated, I promise to account fully to other persons entitled to share in this refund. I understand that the state of C	-
responsible for such accounting. I declare that there are no family members who are more closely related to the deceden	ıt.
I declare under the penalties of false swearing that the statements herein are true.  Claimant signature Date	
X //	