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MOTOR FUELS TAX REFUND TRANSFER TO AN ESTATE

STATE OF OREGON

COUNTY OF _____

I _____, first being duly sworn say; that I am the claimant of the attached claim for refund of fuels tax;

That _____, died on _____ 20_____, and that this estate will not be probated;

That the aggregate sums due decedent from the State of Oregon, except for salary or wages, do not exceed the principal sum of \$10,000.00:

That at the time of death said decedent was entitled under provisions of ORS, Chapter 319, to a refund of fuels tax;

That the claimant is the survivor of said decedent and has a right to succeed to the property of said decedent pursuant to ORS 293.490;

That the refund money will be applied to the expenses of last illness and funeral of the decedent, if necessary.

Signed: _____

Subscribed in my presence and sworn to before me this _____ day of _____ 20____

Notary Public
My Commission Expires _____ 20____