

IN THE ESTATE OF:

Estate/File No. _____

**APPLICATION BY FOREIGN PERSONAL REPRESENTATIVE
TO SET INHERITANCE TAX**

The Application of

Name Address

Name Address

Each of us states:

1. I am the qualified foreign personal representative of the Estate of _____
(name of decedent)

who died domiciled in _____ on _____ (with) (without) a will.
(state or country) (date)

2. Real and leasehold property owned by the decedent in Maryland and the market value at the decedent's date of death are:

3. Tangible personal property in Maryland owned by the decedent and taxable in Maryland and the market value at the decedent's date of death are:

4. Any liens, encumbrances, and expenses payable out of Maryland property and their amounts are:

5. Attached are:

- (a) copy of appointment and will, if any, authenticated under Title §28, U.S.C.A. §1738;
- (b) appointment of Maryland resident agent;
- (c) list of recipients of Maryland property, their interests in the property, and their relationship to the decedent;
- (d) notice to creditors of appointment with respect to the decedent's real or leasehold property in Maryland; and
- (e) appraisal or other basis for valuation of real or leasehold property, or of tangible personal property that is taxable in Maryland. (For real and leasehold property give a description sufficient to identify the property and the title reference by liber and folio.)

I request the Register of Wills to set the amount of inheritance tax due. I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Attorney Applicant Date

Address Applicant Date

Telephone Number

Facsimile Number

Email Address

(FOR APPLICANT'S USE -OPTIONAL)

Value of Property as above	\$ _____
Less: Liens, encumbrances and expenses as above	\$ _____
Amount Taxable	\$ _____
Direct Inheritance Tax due at _____ %	\$ _____
Collateral Inheritance Tax due at _____ %	\$ _____
Total Tax due	\$ _____

IN THE ORPHANS' COURT FOR
(OR) _____, **MARYLAND**
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF: _____ **ESTATE NO.** _____

APPOINTMENT OF RESIDENT AGENT

I appoint _____ as my resident agent on whom service of process may be made with the same effect as if it were served on me personally in the State of Maryland. This appointment shall remain in effect until the filing of a subsequent Appointment of Resident Agent.

Date: _____
Personal Representative _____

I am a Maryland resident and accept the appointment as resident agent.

Resident Agent

Address

Telephone Number

Attorney

Address

Telephone Number

Facsimile Number

Email Address

(name and address of personal representative or attorney)

NOTICE TO CREDITORS OF APPOINTMENT OF FOREIGN PERSONAL REPRESENTATIVE

ESTATE NO. _____

NOTICE IS GIVEN that the _____ court of _____ county,

_____ appointed
(state)

_____ (name) _____ (address)

as the _____ of the Estate of _____
(title) (name of decedent)

who died on _____ domiciled in _____
(date) (state and country)

The Maryland resident agent for service of process is _____
whose address is _____

At the time of death, the decedent owned real or leasehold property in the following Maryland counties:

All persons having claims against the decedent must file their claims with the Register of Wills for _____ with a copy to the foreign personal representative on or before the earlier of the following dates:

- (1) Six months from the date of the decedent's death; or
- (2) Two months after the foreign personal representative mails or delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claim will be barred unless the creditor presents the claim within two months from the mailing or other delivery of the notice. Claims filed after that date or after a date extended by law will be barred.

Foreign Personal Representatives:

Name of Newspaper:	_____	Personal Representative
_____	_____	Personal Representative
_____	_____	Personal Representative

Register of Wills & Address

PUBLISH THREE TIMES