Form **706**

(Rev. August 2002)

United States Estate (and Generation-Skipping Transfer) Tax Return

Estate of a citizen or resident of the United States (see separate instructions).

To be filed for decedents dying after December 31, 2001, and before January 1, 2003.

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0015

			er December 31, 2001, and before January 1, 20 Act Notice, see the separate instructions.	03.								
inten	1a	Decedent's first name and middle initial (and maiden name, if a	nv) 1b Decedent's last name	2 Decedent's Social Security No.								
ō		, , , , , , , , , , , , , , , , , , ,	,	1 1								
ğ	3a	Legal residence (domicile) at time of death (county, state, and	5 Date of death									
Executor		ZIP code, or foreign country)	3b Year domicile established 4 Date of birth									
and	6a	Name of executor (see page 3 of the instructions)	6b Executor's address (number and street including	ng apartment or suite no. or rural								
ıt a			code)									
der	6c	Executor's social security number (see page 3 of the instruction	ons)									
e e e												
Ä	7a	Name and location of court where will was probated or estate	administered	7b Case number								
'.												
Part 1.—Decedent	8	If decedent died testate, check here ▶ □ and attach a certified copy of the will. 9 If Form 4768 is attached, check here ▶ □										
	10	If Schedule R-1 is attached, check here ▶ □	.,	•								
	1	Total gross estate less exclusion (from Part 5, Recapit	1									
	2	Total allowable deductions (from Part 5, Recapitulation	2									
	3	Taxable estate (subtract line 2 from line 1)	3									
	4	Adjusted taxable gifts (total taxable gifts (within the me										
	•	after December 31, 1976, other than gifts that are including	4									
	5	3										
	6	Tentative tax on the amount on line 5 from Table A or		6								
			. •									
	7	Total gift tax payable with respect to gifts made by the taxes by the decedent's spouse for such spouse's share										
		was the donor of these gifts and they are includible in		7								
	8	9		8								
	9	Maximum unified credit (applicable credit amount) aga	-									
Computation	-											
	10	Adjustment to unified credit (applicable credit amount). may not exceed \$6,000. See page 5 of the instruction										
	11	Allowable unified credit (applicable credit amount) (sub	s., 	11								
	12	Subtract line 11 from line 8 (but do not enter less than	12									
		·										
2.—Tax	13		e death taxes (cannot exceed line 12). Attach credit evidence (see instructions). Figure using the amount on line 3 less \$60,000. See Table B in the instructions.									
2.		Enter the amount here from Table B		13								
Part	14	Subtract line 13 from line 12		14								
2	15	Credit for Federal gift taxes on pre-1977 gifts (secti										
	'	computation)										
	16	Credit for foreign death taxes (from Schedule(s) P). (Al										
		Form(s) 706-CE.)	16									
	17	Credit for tax on prior transfers (from Schedule Q).	17									
	18	Total (add lines 15, 16, and 17)		18								
	19	Net estate tax (subtract line 18 from line 14)		19								
	20	Generation-skipping transfer taxes (from Schedule R,		20								
	21	Total transfer taxes (add lines 19 and 20)	•	21								
	22	Prior payments. Explain in an attached statement										
	23	United States Treasury bonds redeemed in payment of										
	24	Total (add lines 22 and 23)		24								
	25	Balance due (or overpayment) (subtract line 24 from li	ne 21)	25								
		nalties of perjury, I declare that I have examined this return, inclicorrect, and complete. Declaration of preparer other than the ex										
<u></u>				Doto								
Sig	natur	e(s) of executor(s)		Date								
Sia	natur	e of preparer other than executor	Address (and ZIP code)	Date								
vig	ratul	o or property office their executor	aa. ooo jana zii oodoj	24.0								

i dit 3 Elections by the Execute	Part	3— El	lections	by	the	Executo
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1	se check the "Yes" or "No" box for each question. (See	instructions beginning	on pag	ge 6.)			Yes	No
1	Do you elect alternate valuation?					. 1		
2	Do you elect special use valuation?					. 2		
3	Do you elect to pay the taxes in installments as described If "Yes," you must attach the additional information describ	in section 6166?				. 3		
4	Do you elect to postpone the part of the taxes attributable	e to a reversionary or re	mainder	interest as	described in		<i>\(\(\) \(</i>	<i>[]]]]]</i>
Pa	section 6163?					. 4 the death	certific	cate.
	(See instructions on	page 10.)						
utho r ora	orization to receive confidential tax information under Regs. sec. of all presentations on behalf of the estate if return prepared by an	601.504(b)(2)(i); to act as t attorney, accountant, or	the estat enrolled	e's represent agent for the	ative before the I e executor:	IRS; and to	make	writte
lam	e of representative (print or type) State	Address (number, str	eet, and	room or suite	no., city, state, ar	nd ZIP cod	e)	
nis r	eclare that I am the attorney/ certified public accountant. return for the executor. I am not under suspension or disbarments shown above.	t/ enrolled agent (you at from practice before the	must che Interna	eck the appli I Revenue Se	cable box) for the ervice and am qu	e executor valified to p	and pre practice	pare in th
igna	ature	CAF number	Dat	Э	Telephone nu	mber		
1	Death certificate number and issuing authority (attach a co	ppy of the death certification	ate to tl	nis return).				
2	Decedent's business or occupation. If retired, check here	▶ ☐ and state deceded	ent's foi	mer busines	s or occupation	٦.		
	Widow or widower—Name, SSN, and date of death of Single Legally separated Divorced—Date divorce decree became final ▶	acceptance of the control of the con						
4a		Social security number		4c Amount	received (see pa	ige 10 of t	he instr	uction
5	Individuals (other than the surviving spouse), trusts, or other or shown in Schedule O) (see instructions). For Privacy Act Not	estates who receive ben tice (applicable to individ	efits fro lual ber	l m the estate eficiaries onl	(do not include o	charitable uctions fo	benefic r Form	iaries
N	lame of individual, trust, or estate receiving \$5,000 or more	Identifying number	Re	ationship to d	ecedent A	Amount (se	e instruc	tions
.ll ur	nascertainable beneficiaries and those who receive less than	n \$5,000			▶			
ota							Yes	No

(continued on next page) Page 2

Part 4—General Information (continued)

Plea	se check the "Yes" or "No" box	for each question.	Yes	No				
7a		er been filed?						
7b	Period(s) covered	riod(s) covered 7c Internal Revenue office(s) where filed						
If yo	u answer "Yes" to any of quest	ions 8–16, you must attach additional information as described in the instructions.						
8a	Was there any insurance on the	decedent's life that is not included on the return as part of the gross estate?						
b	Did the decedent own any insur	rance on the life of another that is not included in the gross estate?						
9	of the other joint tenants was se	death own any property as a joint tenant with right of survivorship in which (a) one or more omeone other than the decedent's spouse, and (b) less than the full value of the property is f the gross estate? If "Yes," you must complete and attach Schedule E						
10	Did the decedent, at the time of or closely held corporation?	death, own any interest in a partnership or unincorporated business or any stock in an inactive						
11	Did the decedent make any transfer described in section 2035, 2036, 2037, or 2038 (see the instructions for Schedule G beginning on page 12 of the separate instructions)? If "Yes," you must complete and attach Schedule G							
	Were there in existence at the ti Any trusts created by the deced Any trusts not created by the de			///////. 				
13	Did the decedent ever possess, exer	cise, or release any general power of appointment? If "Yes," you must complete and attach Schedule H						
14	•	under the transitional rule of Public Law 97-34, section 403(e)(3) (Economic Recovery Tax Act of 1981)? putation of the marital deduction, enter the amount on item 20 of the Recapitulation, and note ed."						
15		before death, receiving an annuity described in the "General" paragraph of the instructions ast complete and attach Schedule I						
16	Was the decedent ever the bene	eficiary of a trust for which a deduction was claimed by the estate of a pre-deceased spouse sich is not reported on this return? If "Yes," attach an explanation.						

Part 5—Recapitulation

Item number	Gross estate		Alternate value	е	Value at date of death		
1	Schedule A—Real Estate	1					
2	Schedule B—Stocks and Bonds	3					
3	Schedule C—Mortgages, Notes, and Cash						
4	Schedule D—Insurance on the Decedent's Life (attach Form(s) 712)	4					
5	Schedule E—Jointly Owned Property (attach Form(s) 712 for life insurance).	5					
6	Schedule F—Other Miscellaneous Property (attach Form(s) 712 for life insurance)	6					
7	Schedule G—Transfers During Decedent's Life (att. Form(s) 712 for life insurance)	7					
8	Schedule H—Powers of Appointment	8 9					
9	Schedule I—Annuities						
10	Total gross estate (add items 1 through 9)						
11	Schedule U—Qualified Conservation Easement Exclusion						
12	Total gross estate less exclusion (subtract item 11 from item 10). Enter here and on line 1 of Part 2—Tax Computation						
Item number	Deductions		Amount				
13	Schedule J—Funeral Expenses and Expenses Incurred in Administering Property Sub	ject to	Claims	13			
14	Schedule K—Debts of the Decedent			14			
15	Schedule K—Mortgages and Liens			15			
16	Total of items 13 through 15			16			
17	Allowable amount of deductions from item 16 (see the instructions for item 17 c			17			
18	Schedule L—Net Losses During Administration	18					
19	Schedule L—Expenses Incurred in Administering Property Not Subject to Claims	19					
20	Schedule M—Bequests, etc., to Surviving Spouse	20					
21	Schedule O—Charitable, Public, and Similar Gifts and Bequests			21			
22	Schedule T—Qualified Family-Owned Business Interest Deduction			22			
23	Total allowable deductions (add items 17 through 22). Enter here and on line 2	23					

SCHEDULE A—Real Estate

- For jointly owned property that must be disclosed on Schedule E, see the instructions on the reverse side of Schedule E.
- Real estate that is part of a sole proprietorship should be shown on Schedule F.
- Real estate that is included in the gross estate under section 2035, 2036, 2037, or 2038 should be shown on Schedule G.
- Real estate that is included in the gross estate under section 2041 should be shown on Schedule H.
- If you elect section 2032A valuation, you must complete Schedule A and Schedule A-1.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
Tota	al from continuation schedules or additional sheets attached to this sch	edule		
TO	TAL. (Also enter on Part 5, Recapitulation, page 3, at item 1.)			

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.) (See the instructions on the reverse side.)

Estate of: Robert B. Truelson, Deceased

SCHEDULE B- Stocks and Bonds

(For jointly owned property that must be disclosed on Schedule E, see the instructions for Schedule E.)

ltem number	Description in value whe	cluding face amount of bonds or numb re needed for identification. Give 9-digi	er of snares and par t CUSIP number.	Unit value	Alternate valuation date	Alternate value	Value at date of death
			CUSIP number				
1	13 shares	AGERE SYSTEMS INC-A	00845V-10-0	\$1.987			\$25.83
2	342 shares	AGERE SYSTEMS INC-B	00845V-20-9	\$2.153			\$736.44
3	1854 shares	ALLSTATE CORP	020002-10-1	\$34.887			\$64,679.88
4	5207 shares	AMER ELECTRIC PWR INC	025537-10-1	\$27.540			\$143,400.78
5	1000 shares	AMERADA HESS CORPORATION	023551-10-4	\$67.957			\$67,956.67
6	1858 shares	AT&T CORP	001957-10-9	\$19.052			\$35,398.00
		Dividend Record date:28-JUN-02		\$0.073			\$135.63
7	597 shares	AT&T WIRELESS SERVICES	00209A-10-6	\$5.733			\$3,422.80
8	108 shares	AVAYA INC	053499-10-9	\$3.867			\$417.60
9	1800 shares	BELLSOUTH CORP	079860-10-2	\$25.943			\$46,698.00
		Dividend Record date:11-JUL-02		\$0.200			\$360.00
10	2000 shares	BOEING CO	097023-10-5	\$39.457			\$78,913.33
11	3000 shares	CONOCOPHILLIPS	20825C-10-4	\$48.133			\$144,400.00
12	1166 shares	CONSECO INC	208464-10-7	\$1.343			\$1,566.33
13	300 shares	DISNEY WALT CO	254687-10-6	\$16.393			\$4,918.00
14	18265 shares	EL PASO CORP	28336L-10-9	\$13.423			\$245,177.18
15	6000 shares	HONEYWELL INTL INC	438516-10-6	\$29.990			\$179,940.00
16	3 shares	INTERTAN INC	461120-10-7	\$9.467			\$28.40
17	1000 shares	K MART CORPORATION	482584-10-9	\$0.677			\$676.67
18	1296 shares	LUCENT TECHNOLOGIES INC	549463-10-7	\$2.033			\$2,635.20
19	84 shares	M & F WORLDWIDE CORP	552541-10-4	\$4.117			\$345.80
20	200 shares	MICHAELS STORES INC	594087-10-8	\$32.667			\$6,533.33
21	1560 shares	MORGAN STANLEY	617446-44-8	\$37.943			\$59,191.60
		Dividend Record date:05-JUL-02		\$0.230			\$358.80
22	100 shares	MUNICIPAL INVT TR FD 37	62622D-41-4	\$984.763			\$98,476.33
		Accrued Interest					\$345.83
23	11 shares	NATIONAL MUN TR UNIT 153	63701J-17-3	\$367.870			\$4,046.57
		Accrued Interest					\$17.69
24	28 shares	NATIONAL MUN TR UNIT 124	63701H-21-9	\$141.220			\$3,954.16
		Accrued Interest					\$14.00
25	62 shares	NCR CORP NEW	62886E-10-8	\$30.427			\$1,886.45
26	1500 shares	NISOURCE INC	65473P-60-0	\$1.893			\$2,840.00
27	3000 shares	PERMIAN BASIN RTY TR UBI	714236-10-6	\$5.133			\$15,400.00
28	20000 shares	PHARMACIA CORP	71713U-10-2	\$35.212			\$704,240.00
29	1500 shares	PHILIP MORRIS COS	718154-10-7	\$41.810			\$62,715.00
30	6 shares	PRUDENTIAL FINANCIAL INC	744990-28-4	\$32.183			\$193.10
31	709 shares	QWEST COMMNS	749121-10-9	\$2.430			\$1,722.87
32	128 shares	RADIOSHACK CORP	750438-10-3	\$24.637			\$3,153.49
33	3363 shares	SBC COMMNS INC	78387G-10-3	\$25.773			\$86,675.72
		Dividend Record date:10-JUL-02		\$0.270			\$908.01
34	1000 shares	SEA CONTAINERS LTD	811371-70-7	\$12.100			\$12,100.00
35	1000 shares	SEARS ROEBUCK & CO COM	812387-10-8	\$43.283			\$43,283.33
	Continuation			, , , , ,			\$2,829,919.65
T	otal from con	tinuation schedules (or additiona	I sheets) attached	to this sche	edule		
			,		····		\$4,959,808.4
T	OTAL. (Also e	enter on Part 5, Recapitulation, p	age 3, at item 2.)				ψ-,,555,556.46

Estate of: Robert B. Truelson, Deceased

CONTINUATION SCHEDULE

Continuation of Schedule $\frac{B}{\text{(Enter letter of schedule you are continuing.)}}$

	Item number	Description For securities, give CUSIP n		Unit value (Sch. B, E, or G only)	Alternate valuation date	Alternate value	Value at date of death or amount deductible
36	1000 shares	SEQUA CORP	817320-10-4	\$53.740			\$53,740.00
37	37050 shares	SERVICE CORP INTERNATL	817565-10-4	\$2.890			\$107,074.50
38	4000 shares	SOLUTIA INC	834376-10-5	\$4.787			\$19,146.67
39	1499 shares	SOUTHERN MIN CORP	843367-11-1	\$0.010			\$14.99
40	2800 shares	UNISOURCE ENERGY CORP	909205-10-6	\$15.627			\$43,754.67
41	1000 shares	UNITED STS STL CORP NEW	912909-10-8	\$15.797			\$15,796.67
42	1414 shares	VERIZON COMMUNICATIONS	92343V-10-4	\$31.217			\$44,140.37
40		Dividend Record date:10-JUL-02	0005714/40/0	\$0.385			\$544.39
43	1000 shares	VODAFONE GROUP PLC	92857W-10-0	\$14.250			\$14,250.00
44 45	31 shares	WASTE MGMT INC	94106L-10-9	\$23.140			\$717.34
45	35 shares	NATIONAL MUN TR UNIT 146	63701H-771-R	\$79.940			\$2,797.90
40		Accrued Interest		#450.440			\$5.83
46	100 shares	NATIONAL MUN TR UNIT 148	63701H-839-R	\$152.110			\$15,211.00
		Accrued Interest		A 4.000			\$57.50
47 1	074606 shares	Command Money Fund	20099-091-9	\$1.000			\$1,074,606.00
		Accrued Dividend		A			\$1,037.64
48 1	435984 shares	Command Tax Free Money Fund Accrued Dividend	20099-097-6	\$1.000			\$1,435,984.00 \$1,040.19
	TOTAL	. (Carry forward to main schedule	e.)	<u> </u>			\$2,829,919.6

See the instructions on the reverse side.

SCHEDULE C-Mortgages, Notes, and Cash

(For jointly owned property that must be disclosed on Schedule E, see the instructions for Schedule E.)

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
То	otal from continuation schedules (or additional sheets) attached to this	schedule		
T(OTAL. (Also enter on Part 5, Recapitulation, page 3, at item 3.)			

SCHEDULE D—Insurance on the Decedent's Life

You must list all policies on the life of the decedent and attach a Form 712 for each policy.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
	otal from continuation schedules (or additional sheets) attached to this s			
T	OTAL. (Also enter on Part 5, Recapitulation, page 3, at item 4.)			

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.) (See the instructions on the reverse side.)

SCHEDULE E—Jointly Owned Property
(If you elect section 2032A valuation, you must complete Schedule E and Schedule A-1.)

PART 1.—Qualified Joint Interests—Interests Held by the Decedent and His or Her Spouse as the Only Joint Tenants (Section 2040(b)(2))

	(3661)	011 2040(b)(2))					
Item number		Description For securities, give CUSIP number.		Alternate valuation da		Alternate value	Value at date of death
		inuation schedules (or additional sheets) attached to					
		ed in gross estate (one-half of line 1a)			1a 1b		
		her Joint Interests			ID		
2a Sta		and address of each surviving co-tenant. If there are	more than t	hree surviving	co-te	nants, list the additi	onal co-tenants
		Name		Address (num	ber and	d street, city, state, and	d ZIP code)
Α.							
В.							
C.							
Item number	Enter letter for co-tenant	Description (including alternate valuation date if any) For securities, give CUSIP number.		Percentag includible	e e	Includible alternate value	Includible value at date of death
	<u> </u>			<u> </u>			
		inuation schedules (or additional sheets) attached to					
	al other joint	pinterests (add lines 1b and 2b). Also enter on			2b		
pag	je 3, at item	5			3		

SCHED	ULE F—Othei	^r Miscellaneous	Property	Not Reportable	Under An	y Other S	chedule
	(For jointly owned	property that must be	e disclosed on	Schedule E see the	instructions for	r Schedule F)

(For jointly owned property that must be disclosed on Schedule E, see the instructions for Schedule E.)
(If you elect section 2032A valuation, you must complete Schedule F and Schedule A-1.)

		(II you elect section 2032A valuation, you must complete	Scriedule i and	Scriedule A-1.)			
I	coll	the decedent at the time of death own any articles of artistic or collections whose artistic or collectible value combined at date of death every submit full details on this schedule and attach appraisals.			r any Yes No		
Has the decedent's estate, spouse, or any other person, received (or will receive) any bonus or award as a result of the decedent's employment or death?							
3	Did If "' dep	the decedent at the time of death have, or have access to, a safe degree," state location, and if held in joint names of decedent and anotheositor. The contents of the safe deposit box are omitted from the schatted.	er, state name a	nd relationship of			
	tem mber	Description For securities, give CUSIP number.	Alternate valuation date	Alternate value	Value at date of death		
	Tc Tc	otal from continuation schedules (or additional sheets) attached to this	schedule				
		OTAL. (Also enter on Part 5, Recapitulation, page 3, at item 6.)					
		Fire (130 cites of Fart 5, Recapitulation, page 5, at item 6.)	<u> </u>				

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.) (See the instructions on the reverse side.)

F	ct	а	te	0	F٠

	SCHEDULE I—Annu					
A Are (as	generally, no exclusion is allowed for the estates of decedents dying after Dece you excluding from the decedent's gross estate the value of a lump-sum in effect before its repeal by the Deficit Reduction Act of 1984)? '(es," you must attach the information required by the instructions.				es	No
Item	Description Show the entire value of the annuity before any exclusions.	Alternate valuation date	Includible alternate value	Inclu-	dible te of	death
1	Show the entire value of the annuity before any exclusions.	valuation date	alternate value	value at da	te of	death
T	otal from continuation schedules (or additional sheets) attached to this	s schedule				
-	OTAL (Also sets as Dort F. Dorsestinistics as as 2 of these O.)		1			

(The instructions to Schedule I are in the separate instructions.)

SCHEDULE J—Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims

Note: Do not list on this schedule expenses of administering property not subject to claims. For those expenses, see the instructions for Schedule L.

If executors' commissions, attorney fees, etc., are claimed and allowed as a deduction for estate tax purposes, they are not allowable as a deduction in computing the taxable income of the estate for Federal income tax purposes. They are allowable as an income tax deduction on Form 1041 if a waiver is filed to waive the deduction on Form 706 (see the Form 1041 instructions).

Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule. Total miscellaneous expenses.	Item number		Description	Expense amount	Total amount
Total funeral expenses: B. Administration expenses: Executors' commissions—amount estimated/agreed upon/paid. (Strike out the words that do not apply.) Attorney fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply.). Miscellaneous expenses: Expense amount Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.	1	A.	Funeral expenses:		
B. Administration expenses: 1	•				
B. Administration expenses: 1					
1 Executors' commissions—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 2 Attorney fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 3 Accountant fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 4 Miscellaneous expenses: Expense amount Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.			Total funeral expenses		
2 Attorney fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 3 Accountant fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 4 Miscellaneous expenses: Expense amount					
3 Accountant fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply). 4 Miscellaneous expenses: Expense amount Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.		1	apply.)		
4 Miscellaneous expenses: Expense amount Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.		2	Attorney fees—amount estimated/agreed upon/paid. (Strike out the words that do	o not apply.)	
Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.		3	Accountant fees—amount estimated/agreed upon/paid. (Strike out the words that	t do not apply.).	
Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule.		1	Miscellaneous expenses	Expense amount	
attached to this schedule		•	Wilder and the state of the sta		
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
attached to this schedule					
Total miscellaneous expenses		att	ached to this schedule		
		To	tal miscellaneous expenses	<u> ▶</u>	

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

(See the instructions on the reverse side.)

Schedule J—Page 23

TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 13.)

em mber	Debts of the Decedent—Creditor and nature of claim, and allowable death taxes	Amount unpaid to date	Amount in contest	Amount claimed a deduction
1				
				_
Total	from continuation schedules (or additional sheets) attached	to this schedule		
	from continuation schedules (or additional sheets) attached			
тота	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		
FOTA em hber		.)		Amount
FOTA em hber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
rOTA m	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
rOTA m	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
m iber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
FOTA em hber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
FOTA em hber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
FOTA em nber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	.)		Amount
TOTA mm hber	L. (Also enter on Part 5, Recapitulation, page 3, at item 14	cription		Amount

CONTINUATION SCHEDULE

Continuation of Schedule (Enter letter of schedule you are continuing.)

Item number	Description For securities, give CUSIP number.	Unit value (Sch. B, E, or G only)	Alternate valuation date	Alternate value	Value at date of death or amount deductible
T	OTAL. (Carry forward to main schedule.)				

See the instructions on the reverse side.

SCHEDULE L—Net Losses During Administration and Expenses Incurred in Administering Property Not Subject to Claims

Item number	Net losses during administration (Note: Do not deduct losses claimed on a Federal income tax return.)	Amount
1		
Tota	al from continuation schedules (or additional sheets) attached to this schedule	
TOT	FAL. (Also enter on Part 5, Recapitulation, page 3, at item 18.)	
Item	Expenses incurred in administering property not subject to	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
Item number 1	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
1		Amount
1	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.) If from continuation schedules (or additional sheets) attached to this schedule	Amount

SCHEDULE R—Generation-Skipping Transfer Tax

Note: To avoid application of the deemed allocation rules, Form 706 and Schedule R should be filed to allocate the GST exemption to trusts that may later have taxable terminations or distributions under section 2612 even if the form is not required to be filed to report estate or GST tax.

The GST tax is imposed on taxable transfers of interests in property located **outside the United States** as well as property located inside the United States.

See instructions beginning on page 20.

Part 1—GST Exemption Reconciliation (Section 2631) and Section 2652(a)(3) (Special QTIP) Election

						X/////////////////////////////////////
	You no longer need to check a list qualifying property in Part 1 See page 22 of the separate in					
1	Maximum allowable GST exem	ption			1	
	Total GST exemption allocated Total GST exemption allocated transfers	3				
4	GST exemption allocated on lin	ne 6 of Schedule R,	Part 2		4	
5	GST exemption allocated on lin	ne 6 of Schedule R,	Part 3		5	
6	Total GST exemption allocated	on line 4 of Schedu	ule(s) R-1		6	
7	Total GST exemption allocated	to intervivos transfe	ers and direct skips (a	add lines 2-6)	7	
8	GST exemption available to all line 1)		section 2032A interes	sts (subtract line 7 from	8	
9	Allocation of GST exemption to	o trusts (as defined	for GST tax purposes) :		
	Α	В	С	D		E
	Name of trust	Trust's EIN (if any)	GST exemption allocated on lines 2–6, above (see instructions)	Additional GST exemption allocated (see instructions)		Trust's inclusion ratio (optional—see instructions)
9D	Total. May not exceed line 8,	above	9D			
10	GST exemption allocated to se	ection 2032A interes	ts received by individu	ial heneficiaries (subtract		//////////////////////////////////////
. •	line 9D from line 8). You must				10	

Internal Revenue Service Cincinnati, OH 45999	Contact Person: Badge Number: Telephone: (Not Toll Free)	
• Date:		
	sing Document for tax due)	
Executor or POA nameAddress:Address:City, State, and ZIP:		
Estate Name: Social Security Number: Date of Death:		
We have determined the following:		
NET ESTATE TAX:	\$	
• STATE DEATH TAX CREDIT:	\$	
• GENERATION-SKIPPING TAX:	\$	
These figures do not include any interest or p	enalties that may be charg	ged.
Please keep this document in your permanen administration of the estate, such as: close presettle state taxes. Keep it with your cancelled obligation. Proof of payment in the amount (IRC 2204). If the time for payment is extendiability is not released until full payment has	robate proceedings, transf I check(s) to show that you shown above releases you ded under section 6161,	er title to property, and under the have met the estate tax ou of personal liability
We will not reopen this return unless you noting of misrepresentation of a material fact, a clear established Service position or a serious admits a serious a serious admits a	rly defined substantial erro	or based upon an
 Signature of Authorized Official c.c. Power of Attorney 	Title	Date



Signature of Person Required to File

Washington State Estate and Transfer Tax Return

For deaths occurring January 1, 2002 and after

PAF	RT 1 – Decedent and Executor			Dept Use Only
1.	Decedent's first name and middle initial	Decedent's last name	3. Social Sec Number	urity EST
4.	Legal residence (domicile) at time of death (coun zip code, or foreign country)	ty, state, and 5. Year domicile 6. Destablished	Date of birth 7. Date of	REG / AR
8.	Name, Address, and Phone Number of Person Required to File	Name, Address, and Phone applicable)	Number of Preparer (if	Index Number
10.	Telephone No: () Name and location of court where Will was pr	Telephone No: () Email Address: Tobated or estate administered 11.	Cause Number	Posting Period
12.	Check if applicable:	estate	form attached.	
		nent or filing election Amended	Return.	
PAF	RT 2 – Tax Computation			
1.	Total gross estate less exclusion (from Part 5	Recapitulation page 3 item 12)		1.
2.	Total allowable deductions (from Part 5, Rec			
3.	Taxable estate (subtract line 2 from line 1)			
4.	Adjusted taxable gifts (total taxable gifts (with December 31. 1976. other than gifts that are			
5.	Add lines 3 and 4			5.
6.	Tentative tax on the amount on line 5 from Ta			6.
	If line 5 exceeds \$10,000,000, enter the lesse is \$10,000,000 or less, skip lines 7a and 7b a	and enter -0- on line 7c	7a.	
b.	Subtract \$10,000,000 from line 7a	L	7b.	
C.	Enter 5% (.05) of line 7b			7c.
8.	Total tentative tax (add lines 6 and 7c)			8.
9.	Total gift tax payable with respect to gifts ma taxes by the decedent's spouse for such spo was the donor of these gifts and they are incl	use's share of split gifts (section 2513	3) only if the decedent	9.
	Gross estate tax (subtract line 9 from line 8)			10.
11.	Maximum unified credit (applicable credit am instructions, page 6)	ount) against estate tax (see	11.	
12.	Adjustment to unified credit (applicable credit not exceed \$6,000. See page 6 of the instruc	t amount). (This adjustment may stions.)	12.	
13.	Allowable unified credit (applicable credit am			13.
	Subtract line 13 from line 10 (but do not ente	r less than zero)		14.
15.	tax by using the amount on line 3 less \$60,00			15.
	State death taxes allocable to other states (s			16.
17.	Tax due Washington State – Same as line 15 from line 15)	5 unless apportioning tax with other st	ates. (subtract line 16	17.
18.	Tax previously paid to Washington State			18.
19.	Balance due Washington State (subtract line			
20.	Interest (per RCW 82.32)	·		
	Total tax and interest due (add lines 19 and 2			
22.	· · · · · · · · · · · · · · · · · · ·	•		
	er penalty of law, I declare that I have examined th			
Ciar	eature of Person Pequired to File			Date

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EST	ate or:							
	RT 3 – Elections by the Ex		(8)	no instructio	ns hoginn	ing on page 6)	Yes	No
ried		•	•					
1.	Do you elect alternate valuat							
2.								
3.	additional information described on page 10 of the instructions.							
4.	Do you elect to postpone the in section 6163?	e part of the taxes attribut	able	to a reversio	nary or rei	mainder interest as describe	d 🗆	
	RT 4 – General Informatio	on (Note: Please attach t	he n	necessary sup	plementa	documents. You must attac	th the death	
1.	Marital status of the decedent at time of death:	☐ Married		Widow or wi	dower – Na	ame of deceased spouse:		
	decedent at time of death.	☐ Legally separated		D:	- · ·	Date of death:		
		☐ Single				ce decree became final:		1
	nse check the "YES" or "NO	•	•		•	• . • .	Yes	No
2.	Does the gross estate contain prior gift or estate). See page	in any section 2044 properties 11 of the instructions	eπy ((qualified terr	ninabie int	erest property (QTIP) from a	'	
3a.	Have Federal gift tax returns						🗆	
	If "YES," please attach copie	es of the returns, if availat	ole, a		`	<u> </u>		
	Period(s) covered 3b.			3c.	venue On	ice(s) where filed		
If v	ou answer "YES" to any of o	questions 4-13 you mus	st at		nal inform	nation as described in the	 instructions	
,		quoduono 1 10, you mus	J. u.	.tuon uuunio			Yes	No
4.	Was there any insurance on t	he decedent's life that is	not i	included on th	ne return a	s part of the gross estate?		
5.	Did the decedent own any ins							
6.	Did the decedent at the time one or more of the other joint value of the property is includ attach Schedule E	ed on the return as part of	of the	e gross estate	e? If "Yes,'	you must complete and		
7.	Did the decedent, at the time in an inactive or closely held of	of death, own any interes	st in	a partnership	or uninco	rporated business or any sto	ock	
8.	Did the decedent make any tr Schedule G beginning on pag Schedule G	ransfer described in secti ge 14 of the separate inst	on 2 ructi	035, 2036, 20 ons)? If "Yes	037, or 200 " you mus	38 (see the instructions for t complete and attach		
9.	Were there in existence at the	ne time of the decedent's	deat	th:			П	П
	Any trusts not created b	y the decedent under whi	ich t	he decedent	possessed	l any power, beneficial		
10.	Did the decedent ever posses	ss, exercise or release an	ıy ge	eneral power	of appoint	ment? If "Yes," you must	_	
11.	complete and attach Schedul Was the marital deduction co (Economic Recovery Tax Act	mputed under the transiti of 1981)? If "Yes," attach	onal n a s	rule of Publiceparate comp	Law 97-3 outation of	34, section 403(e)(3) the marital deduction, enter	_	
12	the amount on item 20 of the Was the decedent, immediate	•		•				
	instructions for Schedule I? If Was the decedent ever the be	"Yes," you must complet eneficiary of a trust for wh	e an nich	id attach Sch a deduction v	edule I vas claime	d by the estate of a pre-		
	deceased spouse under secti explanation				this retur	n? If "Yes," attach an	🗆	
14.	Surviving spouse's name	15. Social Security Num	nber		16. Amo	unt received (see page 11 o	f the instructi	ons)
17.	Individuals (other than the sur beneficiaries shown in Schedu instructions for Form 1040. (A	ule O) (see instructions).	For I	Privacy Act N	otice (app	penefits from the estate (do r licable to individual beneficia	not include charies only), se	naritable ee the
	Name of individual, trust, or est	ate receiving \$5,000 or more	е	Identifying I	number	Relationship to decedent A	mount (see in	structions)
18.	All unascertainable beneficia	aries and those who recei	ve le	ess than \$5.0	00		18.	
				. ,		ļ t		

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Robert B. Truelson - Washington State Estate and Transfer Tax Return - Continuation Sheet - Part 4 General Information

17. Individuals (other than the surviving spouse), trusts, or other estates who receive benefits from the estate (do not include charitable beneficiaries shown in Schedule O) (see instructions). For Privacy Act Notice (applicable to individual beneficiaries only), see the instructions for Form 1040. (*Attach separate sheet for additional names.*)

Name of individual, trust, or estate receiving \$5,000 or more	Identifying number	Relationship to decedent	Amount (see instructions)
Robert B. Truelson II	462-88-4290	Son	\$22,175.43
John M. Truelson	462-88-4288	Son	\$16,649.67
Thomas C. Truelson	462-88-4289	Son	\$48,666.66
Robert B Truelson Testamentary Trust Number 1	22-6925943	Testamentary Trust	\$913,331.96
Robert B Truelson Testamentary Trust Number 1 GST Exempt	27-6014402	Testamentary Trust	\$366,666.67
John M. Truelson Trust	75-6661293	Testamentary Trust	\$913,331.96
John M. Truelson (GST)	75-6661294	Testamentary Trust	\$366,666.67
Thomas C Truelson Trust	75-6658991	Testamentary Trust	\$913,331.96
Thomas C Truelson Trust (GST)	75-6658992	Testamentary Trust	\$366,666.67

PAF	RT 5 – Recapitulation					Value at
		Estate		Alternate value		late of death
1.	Schedule A – Real Estate			1.	1.	
2.	Schedule B – Stocks and Bonds				2.	
3.	Schedule C – Mortgages, Notes, and Ca				3.	
4.	Schedule D – Insurance on the Decede				4.	
5.	Schedule E – Jointly Owned Property (a			5.	5.	
6.	Schedule F – Other Misc. Property (atta			6.	6.	
7.	Schedule G – Transfers during Decedent		•		7.	
8.	Schedule H – Powers of Appointment				8.	
9.	Schedule I – Annuities				9.	
	Total gross estate (add items 1 through				10.	
	Schedule U – Qualified Conservation Ea			11.	11.	
12.	Total gross estate less exclusion (sul and on line 1 of Part 2 – Tax Computa	otract item 11 from item etion	10). Enter nere	12.	12.	
		ctions				Amount
13	Schedule J – Funeral Expenses and Ex		nistering Property S	ubject to Claims	13.	Amount
	Schedule K – Debts of the Decedent			-		
	Schedule K – Mortgages and Liens					
	Total of items 13 through 15.					
	Allowable amount of deductions from ite					
	Schedule L – Net Losses During Admin					
	Schedule L – Expenses Incurred in Adm					
	Schedule M – Bequests, etc., to Survivi					
	Schedule O – Charitable, Public, and Si					
	Schedule T – Qualified Family-Owned E					
	Total allowable deductions (add items					
				•	·	
CO	IPLETE SECTION 6 OR 7 ONLY IF	DECEDENT HAD ASS	SETS IN MORE T	HAN ONE STATE.		
ΡΔΕ	RT 6 – Decedent was a resident of V	Nashington				
1.	Gross estate from Part 2, Line 1				1.	
2.	Gross value of property subject to Death					
3.	Total State Death Tax from line 15, Part					
4.	State Death Tax allocable to other state					
5.	Amount of Death Taxes paid to other sta					
6.	Allowable State Death Tax paid to other					
7.	Tax Due Washington State (subtract line					
	Indicate by schedule and item number (real and tangible personal property locat	those assets listed whi	ch are not subject	t to Washington Esta	ate and Tra	insfer Tax
	Schedule/Item	Value	Schedule	e/Item	Item Nu	mbers
				<u>.</u>		
ΡΔΕ	RT 7 – Decedent was a nonresident	of Washington				
1.	Gross estate from Part 2, Line 1 of this				1.	
2.	Gross value of property in Washington s					
3.	Total State Death Tax from line 15, Part					
4.	Tax due Washington State (line 2 divide					
5.	Amount of death taxes allocable to othe					
	Indicate by schedule and item number	,	•			or Tay (real
	and tangible personal property located in	Washington).	on are subject to	Washington Estate a	ilia ITalisi	or rax (icai
	Schedule/Item	Value	Schedule	e/Item	Item Nui	mbers
РΔГ	RT 8 – Generation-Skipping Transfe	er (GST) Tay - Rosida	ents and Nonresi	dents		
1.	Gross value of distributions & termination				1.	ı
1. 2	Gross value of distributions & termination					
3	Total allowable State GST Tax Credit (fi					
3 4.	State GST Tax Credit allocable to other					
4 . 5.	Amount of GST Taxes paid to other state	•				
5. 6.	Allowable State GST Taxes paid to other state					
7.	Washington State GST Tax (subtract Lii					
• •					·· _ / ·	1

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COMPTROLLER OF PUBLIC ACCOUNTS STATE OF TEXAS

INHERITANCE TAX RETURN - FEDERAL ESTATE TAX CREDIT Do not write in space above For estates with a date of death on or after September 1, 1983 Note: Returns are due and tax is payable nine months after date of death. For Comptroller's use only **SECTION I - ESTATE INFORMATION** T Code ■ 90100 Decedent's name (Last, first, middle, maiden) Date of death Deposit code ■ 110 Amount County of probate (Enter "NA" if not probated) Probate case number Social Security Number **2**-Postmark date SECTION II - RESIDENCE/DOMICILE INFORMATION (See instructions for definitions) Check the item that applies and complete the blanks. TEXAS RESIDENT - Domicile at date of death (City and county) 1. 2. ALIEN: NOT A U.S. CITIZEN OR RESIDENT - Domicile at date of death (Foreign country) 3. NON RESIDENT OF TEXAS; NOT AN ALIEN - Domicile at death (State or country) Since July 21, 1987, a separate request must be made to Texas for an extension to pay Texas Inheritance Tax, Also, if a payment is made to the IRS. **EXTENSIONS** a payment must be made to Texas in at least the same proportion. Failure to do this will result in penalty being assessed. Send IRS Form 4768 with attachments on or before the due date. You must furnish a copy of the approved IRS extension when received. **Texas Extensions** An extension to file the Texas Inheritance Tax Return until ______ 4. requested granted has been SECTION III -An extension to pay the Texas Inheritance Tax until has been requested granted Federal Extensions 6. An extension to file the Federal Estate Tax Return until _____ requested granted 7. An extension to pay the Federal Estate Tax until _ has been requested granted 8. Total state death tax credit allowable for Federal Estate Tax purposes (From IRS Form 706 page 1)..... TO TEXAS 9. Amount paid to other states which is allowable as state death tax credit (Texas residents only) 10. Amount of state death tax credit not paid to other states (Item 8 minus Item 9) (Texas residents only) 11. Gross value for Federal Estate Tax purposes of property taxable in Texas (See instructions)..... 12. Gross value of decedent's estate for Federal Estate Tax purposes (From IRS Form 706)..... 13. Percent of estate, taxable in Texas (Item 11 divided by Item 12, round to 4 places past the decimal)(see instructions) ... _____% 14. Amount of credit for property taxable in Texas (Item 8 multiplied by Item 13) **OF TAX** 15. TAX PAYABLE TO TEXAS - a. For Texas resident decedent - enter amount of Item 10 or Item 14 whichever is larger; OR b. For non-resident or alien decedent enter amount of Item 14......\$ **SECTION IV - CALCULATION** 16. Amount of tax previously paid (See instructions) 17. Net amount of tax due (Item 15 minus Item 16) 18. Late payment penalty - 5% of item 17 if 1-30 days late; 10% of Item 17 if over 30 days late 19. Late payment interest - (See instructions) 20. TOTAL TAX, PENALTIES & INTEREST DUE (Total of Items 17, 18 and 19) NOTE - DUE DATE: Returns are due and tax is payable nine (9) months after date of death. PLEASE NOTE: • Incomplete returns cannot be processed and will be returned. This return must be signed by all personal representatives of the estate and the preparer. A copy of any Federal Estate Tax Return (Form 706) filed with the IRS and approved extensions must be included with • The estate representative will be personally liable for transfers of estate assets before tax is paid. SECTION V - SIGNATURES I declare that this return and any accompanying statements are true, correct and complete to the best of my knowledge. Name of preparer Phone (Area code and no.) Name of Executor, Administrator, Heir-at-law Phone (Area code & no.) Address (Street & no. city, state, ZIP code) Address (Street & no. city, state, ZIP code) Date sign here Preparer Executor, etc. sign Name of Co-Executor, Co-Administrator Phone (Area code & no.) Make amount in Item 20 payable to: STATE COMPTROLLER Address (Street & no., city, state, ZIP code) **COMPTROLLER OF PUBLIC ACCOUNTS** Mail to: 111 E. 17th Street Co-Executor, Co-Administrator Date sign here Austin, TX 78774-0100



CITY OF FORT WORTH, TEXAS VITAL STATISTICS DIVISION

STATE OF TEXAS

CERTIFICATE OF DEATH

	1. NAME OF DECEASED (a) FIRST	Г (ы) МІДС	DLE	c) LAST	(d) MAIDEN		
S	Robe	STATE COMPANY OF THE SAME OF T	The second of the second	THE REPORT OF THE PARTY AND TH	(d) MAIDEN	2. SEX	3. DATE OF DEATH
Vital Statistics	4. DATE OF BIRTH		DER 1 YR. IF UNDER 1 DAY	6 BIRTH PLACE	- CITY & STATE OR FOR	Male	07-20-2002
tat	02-21-1928	(IN YEARS) MO	DAYS HOURS MIN		Service of the second service of the second		7. SOCIAL SECURITY NO.
S	8. RACE 9a, WAS TH		ES, SPECIFY (MEXICAN, CUBAN, 1C.)	PHENTO IN WAS F	WOLUII, I	exas	456-38-3359
İta	Caucasian OF HISPAN	CORIGIN? RICAN, E	TC.)		-D I OHOLO!	COMPLETED, ELE	SPECIFY HIGHEST GRADE M. OR SECONDARY 13-16, 17+) 16
of V	12. MARITAL STATUS	13. SURVIVING	SPOUSE (IF WIFE, GIVE MAID		YES NO	(0-12) COLLEGE (13-16, 17+)
	☐ MARRIED ☐ NEVER MA ☑ WIDOWED ☐ DIVORCED	RRIED	100 may	- 10 V 10 V		100 mm 27 mm	KIND OF BUSINESS OR INDUSTRY
ea	MIDOWED DIVORCED 15a. RESIDENCE STREET ADDRESS		None	S	tock Brol	THE RESERVE OF THE PARTY OF THE	Investments
Bureau	6416 Lansdale					15b. CITY OR T	
ī	156, COUNTY	15d, STAT	F -				ort Worth
th.	Tarrant			156, 21	PCODE		ISIDE CITY LIMITS
Health	16. FATHER'S NAME		Texas	Liz Mor isso.	76116		X YES □ NO
Ĭ	J.G. Truelson			17. MOTHER'S N	C 100 100 100 100 100 100 100 100 100 10		
t of			18 PLACE OF DE	ATH (CHECK ONL	K CNE	ebecca B	rowne
Department	HOSPITAL: TO INPATIENT TO ER	OUTPATIENT DOG					
tt.	HOSPITAL: INPATIENT ERV	20. CITY OR TOWN	IF OUTSIDE CITY UNITE CIVE BOI	ME RESIDE	NCE OTHER (S	PECIFY)	t in institution, show street address)
pai	Tarrant	Fort		CINC(NO.) 21. NA	ME OF HOSPITAL OF	INSTITUTION (If no	t in institution, show street address)
De	22. INFORMANT — SIGNATURE & RE		WOLCH	1	saylor Al	l Saints	Hospital
exas	Thomas Truels			The state of the state of the state of	AILING ADDRESS OF I	ALCOHOLD TO THE PARTY OF THE PA	76132
eX	24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSIT	TION MAME OF CEMETERY	590	00 Kittan	sett Ct.	Ft. Worth, Tx.
		CREMATORY OR OTHER PLACE	(E)		soleum	29. NAME & ADDRE	ESS OF FUNERAL HOME
3	X BURIAL	26. LOCATION (CITY, S	Mausoleum	COLUMN TO A STREET SOUND TO A	tminster	Robert	son Mueller
	☐ CREMATION		Mem. Park	Lot	Q2		RPER
	☐ REMOVAL FROM STATE		NERAL DIRECTOR OR PERSO	Space	4		th Ave.
	□ DONATION	ACTING AS SUCH	CONTRACTOR OF PERSON	Unknown 28. DATE OF I	NODOOM ON	Fort W	orth, Texas
2	OTHER (SPECIFY)	Russ	-NT 665			76104	
yea	30. CERTIFIER	17	1000	3 01-2	3-2002		
(68		XY XX		100	9		
19	CERTIFYING PHYSICIAN TO	THE BEST OF MY KNOW	WLEDGE DEATH OCCURRED	AT THE TIME, DA	TE, AND PLACE, AND	DUE TO THE CAUSI	E(S) AND MANNER AS STATED
195	☐ MEDICAL EXAMINER 1 ON	THE BASIS OF EXAMIN	ATION AND/OR INVESTIGAT	ION, IN MY OPINIO	N. DEATH OCCURRE	DAT THE TIME DAT	TE, PLACE, AND DUE TO THE
6 E	☐ JUSTICE OF THE PEACE J CA	USE(S) AND MANNER A	S STATED.		#803 PA	S	re, PLACE, AND DUE TO THE
e, S	31. SIGNATURE & TITES OF CERTIFIE	PAGE 1			32, DATE SIGNE	Ly	22 (6) 5 (4) 4 (6) 5 (6)
3	Open Very	20 Delle	all x		MO 30		33. TIME OF DEATH
ety	34. PRINTED NAME & ADDRESS OF C				1,10	4 200) 10:00a м.
Saf	Michael B. Ros	s, M.D.	1450 Fighth	AVE F	ort Worth	V morrae	76104
and	135. PART 1 FNTER THE DISEASE	C MINDIEC OF COMP	LICATION O TIME OF THE	THE STREET, ST	U.S. C. Variable Co. Variable Co	OF DVING SHOWAS	76104
ith S	CARDIAC OR RESPI	IATORY ARREST, SHOO	CK, OR HEART FAILURE. LIS	ONLY ONE CAUS	E ON EACH LINE.	OF DYING SUCH AS	hterval Between
(Heg	IMMEDIATE CAUSE (Final disease	, Cere	BROUASCU	CORCH	ce dant		Onse and Death
00.	or condition resulting in death)		DUE TO (OR AS A L		NCE OF):		24W
0,0	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ b					
0.0	프 Sequentially list conditions, if any,		DUE TO (OR AS A L	IKELY CONSEQUE	NCE OF):		
up t	leading to immediate cause. Enter UNDERLYING CAUSE (disease	2 .		77711			
of	or injury that initiated events resulting in death) LAST		DUE TO (OR AS A L	IKELY CONSEQUE	NCE OF):		
fine	8	C _a					
a d	PART 2 OTHER SIGNIFICANT CONI CAUSE GIVEN IN PART 1 (I.	DITIONS CONTRIBUTING	TO DEATH BUT NOT RESULTI	NG IN THE UNDERL	YING 36a. AUTOPS	/? 36b.	AUTOPSY FINDINGS AVAILABLE
Jan		or, adoptance abose, diabetes	s, stroking, etc.)	# 4			OR TO COMPLETION OF CAUSE OF
prison an	Mechon	r of whe	TCL .		☐ YES	DNO	☐ YES ☐ NO
d	37. DID TOBACCO USE CONTRIBU	TE TO DEATH 38	DID ALCOHOL USE CONTR	BUTE TO DEATH	The second second	DECEDENT PREGN	
	☐ YES ☐ PROBAB	Y .	YES PRO	BABLY	AT	TIME OF DEATH	☐YES ☐NO ☐UNK
	□ NO □ LONKNOW	/N	□ NO □ UNK	NOWN			YES NO DUNK
	100 100 100 100 100 100 100 100 100 100	41a. DATE OF INJURY	41b. TIME OF INJU	RY. 41c. INJUR			THOME, FARM, STREET, FACTORY, OFFICE,
-3	DNATURAL .	E FSS to		M. DYES	NO ETC. (SP	EGIFT)	
rO	□ ACCIDENT .	11e. LOCATION (STREE	TAND NUMBER, CITY OR TO	WN, STATE)		ender in the second	
9/95	SUICIDE	CONTRACTOR	MALE STATE				
		41f. DESCRIBE HOW INJ	URY OCCURRED				2 A CONTROL OF CONTROL
REV	PENDING INVESTIGATION	美国公共后,由					
N	COULD NOT BE DETERMINED	AND THE RESERVE		**************************************	en La		
VS-11	02 3621	126. DATE RECEIVED B	CO DESIGNAR	42c, SIGNA	TURE OF LOCALIFIED	ISTRAR / //	116 18
>	02 3021	JULA	0 [00]		Ma	es H L	Vallege
		or burleys ye					



This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

JUL 31 2002

LOIS H. WALLACE LOCAL REGISTRAR



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

(Rev. August 2001)

Department of the Treasury

Application for Extension of Time To File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes

OMB No. 1545-0181

Note: Use Form 2758 to request a	ers of Form 706, 706-A, 706 n extension for Forms 706-GS((D) and 706-GS(T).	one)		
ldentification	11 22				
Robert B.	Decedent's last name Truelson		Date of		
sme of executor	3,50-Partie 3886.00	or (if other than the executor)	7/20/02		
tobert B. Truelson II			Decedent's social security number 456 38 3359		umber
407 Coventry Place	(Number, street, and room or suite	no.)	Estate ta	ax cetuco due date	
ty, state, and ZIP code				4/20/03	
olleyville, TX 76034		Tarrant County, Texas		UP codel	
ent II Extension of Time	To File Form 706 (Sec. 608)		70034		
utomatic extension. If you are applying diditional extension. If you are an execu	for an automatic 6 month extension of for out of the country applying for an	of time to file Form 706, check here extension of time to file in excess o	(see instruc f 6 months,	check here	
You must attach a statement explain 06 by the due date. See the instruct	ions. Enter the extension date re-	quested		o date requested	
xtension for cause. If you have not filed a r	equest for an automatic 6-month extens	son and the time for filing such a requi	ru has pass	ed, check here 🕨 📗	1
You must attach a written statement stension, why it was impossible or in e granted an extension at this time.	practical to file Form 706 by the Sen the instructions. Enter the ex	due date, and why you should tension date requested.	E stime-in	n date requested	
Part III Extension of Time 1	To File Form 706-A, 706-D,	or 706-NA (Sec. 6081)	-		-
ou must attach your written stateme reasonably complete return by the o	ent to explain in detail why it is in		Extensio	n date requestrat	
Part IV Extension of Time 1					
ou must attach your written stateme be full amount of the estate (or GST) because the size of the gross estate is ppropriate amount on Part V, line	tax by the return due date. If the s unascertainable, check here >	a taxes cannot be determined.	Fatinisqu	n date requested	
	pany Extension Request				
Amount of estate and GST taxes			1	2,746,620	00
Amount of cash shortage (comple Balance due (subtract line 2 from	ete Part IVI		2	2,746,620	00
If filed by executor—Under penalti the best of my knowledge and belia	at, the statements made herein a	nd attached are true and corrected to the corrected attached are true and corrected attached are true attached atta	t.	120/03	
Executor's signature		Trie		C/316	owane:
Filsa's skynature (c	nat I am authorized by an executor to I the bar of the highest court of (; July qualified to practice in (speci- pefore the Internal Revenue Serving a power of attorney. (The power of attorney)	if file this application, and that I am (specify jurisdiction) if y jurisdiction) ice. er of attorney need not be subm	check hox(e	es) that applies).	made
	To be completed by the I	nternal Revenue Service			
The application for extension of the Approved Not application for extension of the Application for	me to file (Part II or III) is:	2 The application for extension	of time to	pay (Part IV) is:	
☐ Other	EST. OF ROBERT B. TRUE ROBERT B. TRUELSON II		32-61 11:10 159746		107
	5407 COVENTRY PL. COLLEYVILLE, TX 76034		DATE	4/20/03	
ernal Revenue Service official	SOURCE TALLES 1A 70031			11 7	
	Que Illiando	45.		\$ 0	DIV /22
r Privacy Act and Paperwork Rec	Two hulling Low Hude	1 Forty Sty Theward, Six	Hunder	Twenty of Man	176,610.
	BANK ONE.	remieron	C		
	MEMO TRUETSON, P	168 16078.	100	_	
	1:111000E141:	1597460235	n= 0 10	7	

April 20, 2003

Comptroller of Public Accounts 111 E. 17th St. Austin, TX 78774-0100

Re: Request for Extension of Time to File

Texas Inheritance Tax Return-Federal Estate Tax Credit

Robert B. Truelson, Deceased

SSN: 456-38-3359

Date of Death: July 20, 2002

Dear Sirs:

This is to request an extension to file and pay in connection with the Texas Inheritance Tax Return-Federal Estate Tax Credit for in the captioned matter. Enclosed you will find a copy of the Federal request for extension, Form 4768. You will also find enclosed a check in the amount of \$542,491.14 as estimated taxes due in connection with the taxes anticipated.

Please contact the undersigned with any questions or directions.

Sincerely,

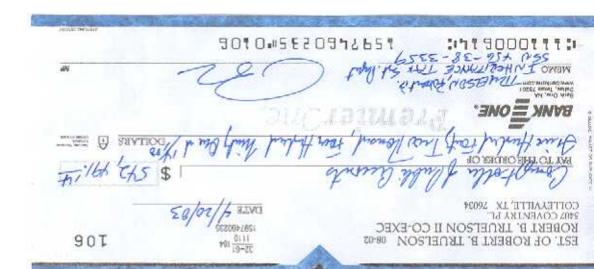
Robert B. Truclson II

Independent Co-Executor, Estate of Robert B. Truelson

5407 Coventry Place

Colleyville, TX 76034

972-761-8134





State of Washington Department of Revenue Special Programs Division PO Box 47488 Olympia, WA 98504-7488

Application for Extension of Time to File a Washington Estate and Transfer Tax Return and/or Pay Estate Tax

COTTEAMITE' LX 59030 2405 COMEMIKA LT

ROBERT B. TRUELSON II CO-EXEC

ART 1 – Decedent and Executor		
Decedent's first name and middle initial (apd meiden name, if any)	Decedent's last name	Social Security Number
KODERT B.	TRUELSON	456-38-3357
Legal residence (domicile at time of death (county, state, and zig	The state of the s	of birth 7. Date of death
code, or foreign country)	11 1954 21.	1/28/12/12
Name, Address, and Phone Number of Person Required to		Number of Preparer (if applicable)
ROBERT B. TRUELSON IF	7.01. 1 (0.01) (1.00)	The second of the second of
Colley ville, TX 76034	Security Medicals (Security Security Se	VE 9 (02200997) (10 × 100
Telephone No: (972) 761-8134	Telephone No. ()	Envail Address:
Name and location of court where Will was probated or esta ARAANT のUnity (ROBATE のURT 生.	te administered 11 Cause Number 2 , Texas 02 - 2-2	-77-2
ART 2 - Extension of Time to File Form 85 0046		
xtension. If you are applying for a 6-month extension of tin dditional extension. If you are an executor out of the cour	ntry applying for an extension of time to file in	excess of 6 months, check here
ou must attach a statement explaining in detail why it was y the due date. See the instructions. Enter the extension o	date requested.	
xtension for cause. If you have not filed a request for a 6-		
ou must attach a written statement explaining in detail why was impossible or impractical to file Form 85 0046 or 85 00 xtension at this time. See the instructions. Enter the extern	y you were unable to request an automatic ext 047 by the due date, and why you should be o ision date requested.	ension, why tranted an
ou must affach your written statement to explain in detail v emplete return by the due date of the return.	why it was impossible or impractical to file a re	asonably
ART 3 – Extension of Time to Pay		
ou must attach your written statement to explain in detail was eastate (or GST) tax by the return due date. If the taxes of unascertainable, check here And enter "-0-" or other explanation.	cannot be determined because the size of the	gross estate
ART 4 – Payment to Accompany Extension Rec	quest	201
. Amount of estate and GST taxes estimated to be due		1 14,578.48
. Amount of cash shortage (complete Part 3)	2=	2 -
 Balance Due (subtract line 2 from 1) (see instructions) 		3 14,5/8.48
filed by executor-Under penalties of perjury, I declare the	nature and Verification at I am an executor of the estate of the above id attached are true and correct.	-named decedent and that to the best $4/20/03$
filed by executor-Under penalties of perjury, I declare the	at I am an executor of the estate of the above	-named decedent and that to the best 4/20/03 Date
filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein an Executor's Signature filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am au	at I am an executor of the estate of the above of attached are true and correct. Audiquit to Security. Title Ities of perjury, I declare that to the best of my an executor to file this application	4/20/03 Date knowledge and belief, the statements
filed by executor-Under penalties of perjury. I declare the provided and belief, the statements made herein an Executor's Signature filed by someone other than the executor-Under penaltic statements.	at I am an executor of the estate of the above of attached are true and correct. Sudeput to Scoular Title Ities of perjury, I declare that to the best of my	4/20/03 Date
filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein an Executor's Signature filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am automate herein and attached than the executor.	at I am an executor of the estate of the above of attached are true and correct. Audiquat to Security. Title Ities of perjury, I declare that to the best of my an executor to file this application. Title	4/20/03 Date knowledge and belief, the statements
Filed by executor—Under penalties of perjury, I declare the priny knowledge and belief, the statements made herein an Executor's Signature Filed by someone other than the executor—Under penaltiade herein and attached are true and correct, that I am au Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is:	at I am an executor of the estate of the above of attached are true and correct. Adequate the Executor Title Ities of perjury, I declare that to the best of my otherized by an executor to file this application Title by the Department of Revenue 2. The application for extens	y/20/03 Date knowledge and belief, the statements Date In of time to pay (Part 3) is:
Filed by executor—Under penalties of perjury, I declare the my knowledge and belief, the statements made herein an Executor's Signature filed by someone other than the executor—Under penaltiade herein and attached are true and correct, that I am au Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed by	at I am an executor of the estate of the above of attached are true and correct. Adequate the Executor Title Ities of perjury, I declare that to the best of my otherized by an executor to file this application Title by the Department of Revenue 2. The application for extens	y/20/03 Date knowledge and belief, the statements Date
Filed by executor—Under penalties of perjury, I declare the my knowledge and belief, the statements made herein an Executor's Signature Filed by someone other than the executor—Under penaltiade herein and attached are true and correct, that I am au Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is:	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Date John Common Comm
Filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein and Executor's Signature Filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am au Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because	at I am an executor of the estate of the above of attached are true and correct. Adequate the Executor Title Ities of perjury, I declare that to the best of my otherized by an executor to file this application Title by the Department of Revenue 2. The application for extens	y/20/03 Date knowledge and belief, the statements Date Ion of time to pay (Part 3) is: approved because
Filed by executor—Under penalties of perjury, I declare the my knowledge and belief, the statements made herein an Executor's Signature Filled by someone other than the executor—Under penalticate herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Date John Common Comm
Filed by executor—Under penalties of perjury, I declare the my knowledge and belief, the statements made herein an Executor's Signature Filled by someone other than the executor—Under penaltical herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because Other Other	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Ion of time to pay (Part 3) is: approved because
Filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein and executor's Signature Filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because Other Other	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Ion of time to pay (Part 3) is: approved because
Filed by executor—Under penalties of perjury, I declare the my knowledge and belief, the statements made herein and Executor's Signature Filled by someone other than the executor—Under penaltical herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because Other Other	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Date John Common Comm
Filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein and Executor's Signature Filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the application for extension of time to file (Part 2) is: Approved Not approved because Other Other	at I am an executor of the estate of the above of attached are true and correct. Adepted	y/20/03 Date knowledge and belief, the statements Date Date John Common Comm
Filed by executor—Under penalties of perjury, I declare the provided and belief, the statements made herein and Executor's Signature Filed by someone other than the executor—Under penalticate herein and attached are true and correct, that I am automate herein and attached are true and correct, that I am automate herein and attached are true and correct. Filer's Signature (other than the executor) ART 5 — Notice to Applicant—To be completed to the Approved	at I am an executor of the estate of the above of attached are true and correct. Authorized War Security Title Ities of perjury, I declare that to the best of my otherized by an executor to file this application	y/20/03 Date knowledge and belief, the statements Date Date John Communication of time to pay (Part 3) is: approved because

STAG

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TOB



1:1110006141:

1597460235#0112

State of Washington
Department of Revenue
Special Programs Division
PO Box 47488
Olympia, WA 98504-7488

Washington State Estate and Transfer Tax Return

1.	Decedent's first name a	nd middle initial	2. Deceder	nt's last name	3	Social Sec Number	urity	Dept	
-	Robert B.		Truels			456-38-3	359	ES) [
1 3	Legal residence (domicile zip code, or foreign count	itry)	ounty, state, and	established	6. Date of birth	7 Date of		REG	11
	Tarrant County, Texa Name, Address, and Ph		10 N	1954	2/21/28	7/20/	12		-
	Person Required to File Robert B. Truelson II 5407 Coventry Place Colleyville, TX 76034	one number of	арр	ne, Address, and F licable) phone No. ()				Index N	lumb
	Telephone No: (972) 7		Ema	il Address.					
	Name and location of c		10	late administered	11 Cause Num	ber		Posting	Per
	Probate Court Number	er 2, Tarrant Cour	nty, Texas		02-2277-2				
12	Check if applicable:			2000.0000000	nsion form attache	ed.			
	vestes exes que	☐ Installment pa	syment or filing e	election	nded Return.				
PAR	T 2 – Tax Computat	tion							_
1.	Total gross estate less	exclusion (from Pa	rt 5, Recapitulat	ion, page 3, item 1	2)		1.	\$7,416,691	1
2	Total allowable deduct	tions (from Part 5, R	ecapitulation, pa	age 3, item 23)			2.	369,779	7
3.	Taxable estate (subtra						3	7,046,911	4
4.	Adjusted taxable gifts (December 31 1976 of	(total taxable gifts (v	within the meaning	ng of section 2503	made by the dec	edent after	4.	0	
5	Add lines 3 and 4			secedent's dross e			5	7,046,911	4
6	Tentative tax on the an						8	3,516,601	2
	If line 5 exceeds \$10.0	000,000, enter the le	sser of line 5 or	\$17,184,000 If line			6.	3,310,001	1
	is \$10,000,000 or less,				7a.				
	Subtract \$10,000,000 f								,
C.	Enter 5% (.05) of line 7	7b	W. W.				7c.	0	
8.	Total tentative tax (add	d lines 6 and 7c)					8.	3,516,601	2
	Total gift tax payable w taxes by the decedent' was the donor of these	's spouse for such s e gifts and they are i	pouse's share o ncludible in the	f split gifts (section decedent's gross e	2513) only if the	decedent	9.	0	
10.	Gross estate tax (subtr Maximum unified credi	ract line 9 from line 8 it (applicable credit a	B)	estate tay /soo	(A)		10.	3,516,601	2
12.	instructions, page 6) Adjustment to unified on not exceed \$6,000. Se	credit (applicable cre	dit amount). (Th	nis adjustment may	11. \$2	29,800 00	<u> </u>		
13.	Allowable unified credit						10	\$229,800	0
14.	Subtract line 13 from li						13.		-
15.	Gross state death tax of tax by using the amount	due (Table B. page i	6 of the instructi	ons.) Do not enter	more than line 14	Figure the	14.	3,286,800	2
22							15.	644,004	6
16.	State death taxes alloc				Barra de aporto y contrato		16.	628,873	3
17.	Tax due Washington S from line 15)	state – Same as line					17	15,131	3
18.	Tax previously paid to	Washington State					18.	\$14,518	4
19	Balance due Washingt	50					19.	\$612	8
20.	Interest (per RCW 82.3						20.	\$15	3
				A PERSONAL			21.	\$628	1.
					THE WORLD			0	-
T B. T ENTRY	ERT B. TRUELSON RUELSON II CO-EXE PL. FX 76034		32-81 1110 1597450235 DATIS (C)	115/03		it is true, com		complete	
1-1	1 1	- La -	_ /		0.		Dat	0	
THE	Lord. g ller	mu, Estat p	ale.	\$ 628 DOLLARS	A profess			Pa	ige
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-		form or or or or							
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rom 4768

(Rev. August 2001)

Department of the Treasury Internal Reserve Serves Note: Use Form 2758 to re

Application for Extension of Time To File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes

For filers of Form 706, 706-A, 706-D, or 706-NA (circle only one)

0MB NO. 1545-0181 75-4

Part I Identification	Tot Forms 706-GS(D)	and 706-GS(1).	
Decedent's first name and mindle integr	Decedent's tast name		T & COLOR
Robert B. Name of rescutor	Truelson		7/20/02
Robert B. Truelson II	Name of application filer (if a	uther than the executor)	Decedent's social security number 456 : 38 : 3359
5407 Coventry Place	street, and room or suite no.)	100000	Estate tax return due data 4/20/03
City, state, and ZIP code		Bomicile of decedent (county, s	
Colleyville, TX 76034		Tarrant County, Texas	76034
Part I Extension of Time To File For Automatic extension, If you are applying for an automa Additional extension. If you are an executor out of the You must attach a contract.	tic 6-month extension of an	nsing of time to tile in excess of	see instructions) > 2
706 by the due date. See the instructions. Enter t	ill why it was impossible he extension date reque:	or impractical to 2003 orm	Extension date requested
Extension for cause. If you have not filed a request for an a	utomatic 6-month extension a	and the time for filling such a require	27 has rescaled wheely have to
Extension for cause. If you have not filed a request for an a You must attach a written statement explaining in extension, why it was impossible or impractical to be granted an extension at this time. See the instr	life Form 706 by the Charle	CHIPMANATI DECIVICE CENT	Extension date requested
Part III Extension of Time To File For	m 706-A, 706-D, or	706-NA (Sec. 6081)	
You must attach your written statement to explain a reasonably complete return by the due date of t	in detail why it is impose	sible or impractical to file	Extension data requestrid
Part IV Extension of Time To Pay (See	c 6161)		
You must attach your written statement to explain		Shore - I I	
the ran propert of the exists for P211 thy by the u	aturn due rista if the ter	the managed the discussion of	Extension date requested
votado de o o sec or trie tiross estate is unascertain	Anio chack hozo, b. M.	And action 9 Billiams and	
3.1 Species divisions but a diff & Hill at 1.00 Hills!	arracu 知道的知道於疑問此	ITH REMITTANCE	
Part V Payment To Accompany Exter	nsion Request CA	TINU U OF	
 Amount of estate and GST taxes estimated to 	he due A Dr	0.02.2002	1 2,746,620 00
Amount of cash shortage (complete Part IV)	DU.	Z 4 Z003	2 2,740,020 00
Balance due (subtract line 2 from line 1) (see			3 2,746,620 00
	Signature and Ver	HEALTROL BRANCH	THE GOD OV
If filed by executor—Under penalties of perjury, the best of my knowledge and belief, the statem	I declare that I am an a	210	above-named decedent and that
(- L			11 1
Executor's signature	Independent (4/20/03
		Title	Date
If filed by someone other than the executor—Under erein and attached are true and correct, that I am author \[\sum_{\text{A}} A member in good standing of the bar of the lamber	ne highest court of (specto practice in (specto) persons	ify jurisdiction) ify jurisdiction) ify jurisdiction)	eck boxles) that applies)
			0.00mm
Filer's signature (other than the ex			Date
Notice to Applicant—To be cor	npleted by the Inter	nal Revenue Service	
application for extension of time to file (Pal		he application for extension of	of Firms to your Hand But In .
Approved D Not approved because	E	Approved Not ap	proved because
1 To Dotoron Do	COMO		
To Compre ac	AUD	***************************************	
LI Other		Other	

emal Revenue Sance official	atel /	u company of the comp	
Auran Harsen	511103	al Revenue Service official	Date:
or Privacy act and Paperwork Reduction Act Notic	e, see page 4.	Cat. No. 41984P	Form 4768 (Rev. 8-2001)

H

Form 4768

(Rev. August 2001)

Department of the Treasury Incomet Revenue Service

Note: Use Fuerzi 22

Application for Extension of Time To File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes

For filers of Form 706, 706-A, 706-D, or 706-NA (circle only one)

омв нь, 1545 отвт 75-4

Part I Identification	tension for Forms 706 GS(E)) and 706-GS(T).	
Decodent's first name and middle initial	Decedent's last name		flate of death
Robert B.	Trucison		7/20/02
Name of executor Robert B. Truelson II	Name of application filer	(if other than the executor)	Decedent's social security number 456 38 3359
Address of executor (5407 Coventry Place	Number, street, and room or suite n	0)	Estate tax return due cate
City, state, and ZIP code			4/20/03
Colleyville, TX 76034		Domicile of decedent (munity	y, state, and ZIP code!
The state of the s	ile Form 706 (Sec. 6081)	Tarrant County, Texa	s 76034
Automatic extension. If you are applying for an Additional extension. If you are an executor of	n automatic 6-month extension of at of the country applying for an e	ATTENDED TO THE IN OXCUSTOR	r (see instructions): ► ☑ of 6 months, check here ► □
706 by the due date. See the instructions.) in detail why it was impossib . Enter the extension date requ	le or impractical to 1003 orm	Extension data requested
You must attach a written statement expl extension, why it was impossible or imprac be granted an extension at this time. See t	st for an automatic 6-month extension aiming in detail why you were by tical to file Form 706 by the di the instructions. Enter the exte	n and the time for hijing such a fer in INTERNAL REVENUE SEATH AND	gagt has passed, check here And Extension date requested
***************************************	ile Form 706-A, 706-D, o	r 706-NA (Sec. 6081)	
You must attach your written statement to a reasonably complete return by the due or Part IV Extension of Time To Part IV	late of the return.	ossible or impractical to file	Extension date requested
Part IV Extension of Time To Part IV You must attach your written statement to the full amount of the cotton (CCT).	ay (Sec. 6161)		
the full amount of the estate (or GST) tax I because the size of the gross estate is una appropriate amount on Part V, line 3. Yo Payment To Accompany	nscertainable, chesk-heis 人 bu must attach 病(空海洋東京) y Extension Request	A good waken I All	
Amount of estate and GST taxes esting Amount of cash shortage (complete P) Balance due (subtract line 2 from line	act IV)	PR 2 4 2003	1 2,746,620 00 2 - 3 2,746,620 00
If filed by executor—Under penalties of o the best-of my knowledge and belief, the	perjury, I declare that I am ar e statements made herein and	attached are true and correc	2746,620.00 c above named decedent and the
Executor's sugnature	independen	t Co-Executor	4/20/03
if filed by someone other than the executor erain and attached are true and correct, that I a A member in good standing of the	bar of the highest court of (so.	e viis application, and that I am i	viedge and belief, the statements mad (check box(es) (nat applies);
□ A certified public accountant duly q □ A person enrolled to practice before □ A duly authorized agent holding a p			
Filer's signature (otner th		***************************************	Date
Part VI Notice to Applicant—To	be completed by the Int	ernal Revenue Service	
Approved Not approved b	file (Part II or /II) is: 2	The application for extension ☐ Approved ☐ Not a	n of time to pay (Part IV) is: * approved because
ernal Revenue Serice official	Don't I	20.04	
Auran Hanse	5/1/03	rmal Revenue Service official	Date
or Privacy act and Paperwork Reduction A	ct Notice, see page 4.	Cat. No. 41984P	Form 4768 (Rev. 8-2001)

N

Form 712 (Rev. August 1994) Ocpanizator of the Treesury Internal Advance Service

Life Insurance Statement

OMB No 1848-0022

1 Decedent's first name and ROBERT B	To Be Filed by the Executor With Unite middle initial 2 Decedent's last name TRUELSON	3 Decedent's social security number lif known) 456-38-3359	4 Date of death 07/20/02
5 Name and address of insur Department of Veterans A	ance company Affairs, P. O. Box 7208, Philadelphia PA	19101	
6 Type of policy 5 Yr. Term		7 Policy number V 1012 63 40	
262101155 1 DEPOSITION			11 Date assigned
B Owner's name. If decader attach copy of application. ROBERT B TRUELSO		10 Assignor's name. Attach copy of assignment.	11 Data assigned
2 Value of the policy at the time of assignment	13 Amount of premium (see inetructions) 717.60	14 Name of beneficiaries GODERT BIT JAMES MCIRROW TRUELSON 1/3, "HOM 1/3	
15 Face amount of policy		1 2021 122 2521 2571 1501 27 21 21	\$ 10,000
16 Indomnity benefits .		S S N N N N N N S	s
17 Additional insurance .			\$
18 Other benefits			\$
	dness to the company that is deductible	in determining not propoeds .	\$
	s (line 19) accrued to date of death		8
			\$
			\$ 66.00
2 Amount of post-mortor	145 148 16 16 16 16 16 16 16 16 16 16 16 16 16		\$ 365.30
3 Amount of returned pre) (() () ()	\$ 10,431.30
4 Amount of proceeds if	하면 하게 보고 아이들은 아이라면 이 경기를 하면서 있다. 아이들은 그 사람은 그는 사이를 모르는 사람들은 모르는 사람들은 모르는 사람들은 그는 것이다.		ŝ
	fidate of death (if not payable in one sun		Timuminini.
28 Policy provisions conce	ming deferred payments or installments	· · · · · · · · · · · · · · · · · · ·	
D (0.11+1+148) * 14+24 (F-1)+14+14+14+1+1	p-sum settlement is authorized for a sur	414-441-441-441-441-441-441-441-441-441	
		(*************************************	\$
27 Amount of installments			Timmunititi.
	name of any person the duration of who		
payments			
29 Amount applied by the	insurance company as a single premium	representing the purchase of	\$
installment benefits .	14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	4 (20) 21 (21 (22) (23) (25) (3) (3)	<u> </u>
30 Basis (mortality table a	nd rate of interestI used by insurer in va	duing installment benefits.	
32 Names of companies v	nuitant or beneficiary of any annuity cor with which decedent carried other policients, Not Cri Record	s and amount of such policies if this	information is
manufacture of the same			
The undersigned office Typy	be-named insurance company hereby certifies the	at this statement sets farth true and correct in	nformation
111	the_	> Insurance Specialist	nification > 05/19/20
Signaturu > //		cast at the addresses litted in the instruction	

Paperwork Reduction Act Notice, who sak for the information on this form to carry out the internal Revenue laws of the United States. You are required to give us the information. We need it to insure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The tage preded to complying and file this form will very depending our

The time needed to complish and file this form will very decending our individual circumstances. The estimated everyon time is

Form Recordkeeping 712 18 hrs., 25 min. Proporing the form 18 min.

If you have community concurring the accuracy of these time estimates of suggestions for making this form more simple, we would be happy to hear from you. You can write to both the IRS and the Office of Management and

Bucget at the addresses lated in the instructions of the tax return with which this form is filed. DO NOT send the tax form to either of these offices instead, return it to the executor or representative who requested it.

Statement of insurar.—This statement must be made on behalf of the insurance company that issued the policy by an officer of the company baving access to the media of the company. For purposes of this statement, a facilities signature may be used in line of a manual signature and if used, shall be binding as a manual signature.

Separate statements.—File a separate Form 712 for each policy.

Line 13.—Report on line 13 the annual pramium, not the cumulative cramium to date of death, if death occurred after the end of the premium period, report the last annual premium.

Form 712
(Rev. May 2000)
Department of the Treasury
Internal Revenue Service

Life Insurance Statement

OMB No. 1545-0022

Rohert B.	7	Decedent's first name and		2 Decedent's last name	4	eturn, Estate of nonresident not a cit	Commercial Section	4 Date of death
The Prudential Insurance Company The Prudential Insurance Company The Prudential Insurance Company Type of policy Group Term Life Owner's name. If decedent is not owner. Source is name. If decedent is not owner. Indemnity benefits Additional insurance. Other benefits. Face amount of post-mortem dividends source is not owner. Amount of post-mortem dividends. Amount of post-mortem dividends. Amount of post-mortem dividends. Amount of proceeds if payable in one sum Solicy provisions concerning deferred payments or installments. Note: If other than lump-sum settlement is authorized for a surviving spouse, attach a copy of the insurance policy. Amount of installments Date of birth, sex, and name of any person the duration of whose life may measure the number of payments. Amount applied by the insurance company as a single premium representing the purchase of solicy is name. Amount applied by the insurance company as a single premium representing the purchase of solicy is name. Amount of installments Date of birth, sex, and name of any person the duration of whose life may measure the number of payments. Were there any transfers of the policy within the three years prior to the death of the decede		Robert B.		Truelson				84 TI 98
Type of policy Group Term Life 7 Policy number G-16171 3 Ower's name. If decedent is not owner. attach copy of application. Rohert B. TrueLson Value of the policy at the time of assignment Group Tate varies by age and coverage amount 11 Amount of premium (see instructions) Group Tate varies by age and coverage amount Face amount of policy Indemnity benefits Face amount of any indebtedness to the company that is deductible in determining net proceeds Interest on indebtedness (line 19) accrued to date of death, Amount of accumulated dividends Amount of post-mortem dividends Amount of proceeds if payable in one sum Value of proceeds as of date of death (if not payable in one sum) Policy provisions concerning deferred payments or installments Note: If date than lump-sum settlement is authorized for a surviving spouse, attach a copy of the insurance policy Amount of installments Date of birth, sex, and name of any person the duration of whose life may measure the number of payments. Amount applied by the insurance company as a single premium representing the purchase of installments Date of sirch, sex, and name of any person the duration of whose life may measure the number of payments. Amount applied by the insurance company as a single premium representing the purchase of pays installments Date of sirch, sex, and name of any person the duration of whose life may measure the number of payments. Were there any transfers of the policy within the three years prior to the death of the decedent? \ \ \ \text{ Yes} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5						54 93	ations stress
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Date of assignment or transfer:	١	Were there any transfers	of the policy w	vithin the three years prior	to th	ne death of the decedent?	(4)	🗌 Yes 🗌 No
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Did the decedent have any incidents of ownership on any policies on his/her life, but not owned by him/her at the date of death? Yes No	٧	Was the insured the annu	itant or benefi	ciary of any annuity contr	actis	sued by the company?	<u> </u>	🗆 Yes 🔲 No
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ndersigned officer of the above-named insurance company (or appropriate Federal agency or retirement system official) hereby certifies that this statement sets rue and correct information.	N	lames of companies with wh	nich decedent ca	rried other policies and amor	· . unt of	such policies if this information is	s discl	
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The arts correct information,								
		6 2/10 CO/16C1 IIIO/11/2001/	med insurance col	mpany (or appropriate Federal ag	BUCA (or retirement system official) hereby o	ertifies	that this statement sets
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