

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

Part 1.—Decedent and Executor	1a Decedent's first name and middle initial (and maiden name, if any)	1b Decedent's last name	2 Decedent's Social Security No. : :
	3a Legal residence (domicile) at time of death (county, state, and ZIP code, or foreign country)	3b Year domicile established	4 Date of birth
	6a Name of executor (see page 3 of the instructions)	6b Executor's address (number and street including apartment or suite no. or rural route; city, town, or post office; state; and ZIP code)	
	6c Executor's social security number (see page 3 of the instructions) : :		
	7a Name and location of court where will was probated or estate administered		7b Case number
	8 If decedent died testate, check here <input type="checkbox"/> and attach a certified copy of the will. 9 If Form 4768 is attached, check here <input type="checkbox"/>		
10 If Schedule R-1 is attached, check here <input type="checkbox"/>			

Part 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, Recapitulation, page 3, item 23)	2		
	3 Taxable estate (subtract line 2 from line 1)	3		
	4 Adjusted taxable gifts (total taxable gifts (within the meaning of section 2503) made by the decedent after December 31, 1976, other than gifts that are includible in decedent's gross estate (section 2001(b)))	4		
	5 Add lines 3 and 4	5		
	6 Tentative tax on the amount on line 5 from Table A on page 4 of the instructions	6		
	7 Total gift tax payable with respect to gifts made by the decedent after December 31, 1976. Include gift taxes by the decedent's spouse for such spouse's share of split gifts (section 2513) only if the decedent was the donor of these gifts and they are includible in the decedent's gross estate (see instructions)	7		
	8 Gross estate tax (subtract line 7 from line 6)	8		
	9 Maximum unified credit (applicable credit amount) against estate tax	9		
	10 Adjustment to unified credit (applicable credit amount). (This adjustment may not exceed \$6,000. See page 5 of the instructions.)	10		
	11 Allowable unified credit (applicable credit amount) (subtract line 10 from line 9)	11		
	12 Subtract line 11 from line 8 (but do not enter less than zero).	12		
	13 Credit for state death taxes (cannot exceed line 12). Attach credit evidence (see instructions). Figure the credit by using the amount on line 3 less \$60,000. See Table B in the instructions. Enter the amount here from Table B <input type="checkbox"/> x .75 <input type="checkbox"/>	13		
	14 Subtract line 13 from line 12	14		
	15 Credit for Federal gift taxes on pre-1977 gifts (section 2012) (attach computation)	15		
	16 Credit for foreign death taxes (from Schedule(s) P). (Attach 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, Part 2, line 10)	20		
	21 Total transfer taxes (add lines 19 and 20)	21		
	22 Prior payments. Explain in an attached statement	22		
	23 United States Treasury bonds redeemed in payment of estate tax	23		
	24 Total (add lines 22 and 23)	24		
	25 Balance due (or overpayment) (subtract line 24 from line 21).	25		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge.

Signature(s) of executor(s)	Date
-----------------------------	------

Signature of preparer other than executor	Address (and ZIP code)	Date
---	------------------------	------

Part 4—General Information (*continued*)

Please check the "Yes" or "No" box for each question.		Yes	No
7a Have Federal gift tax returns ever been filed? If "Yes," please attach copies of the returns, if available, and furnish the following information:			
7b Period(s) covered	7c Internal Revenue office(s) where filed		
If you answer "Yes" to any of questions 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 insurance on the life of another that is not included in the gross estate?			
9 Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? If "Yes," you must complete and attach Schedule E			
10 Did the decedent, at the time of death, own any interest in a partnership or unincorporated business or any stock in an inactive or closely held corporation?			
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			
12 Were there in existence at the time of the decedent's death:			
a Any trusts created by the decedent during his or her lifetime?			
b Any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or trusteeship?			
13 Did the decedent ever possess, exercise, or release any general power of appointment? If "Yes," you must complete and attach Schedule H			
14 Was the marital deduction computed under the transitional rule of Public Law 97-34, section 403(e)(3) (Economic Recovery Tax Act of 1981)? If "Yes," attach a separate computation of the marital deduction, enter the amount on item 20 of the Recapitulation, and note on item 20 "computation attached."			
15 Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the instructions for Schedule I? If "Yes," you must complete and attach Schedule I			
16 Was the decedent ever the beneficiary of a trust for which a deduction was claimed by the estate of a pre-deceased spouse under section 2056(b)(7) and which is not reported on this return? If "Yes," attach an explanation.			

Part 5—Recapitulation

Item number	Gross estate	Alternate value	Value at date of death
1	Schedule A—Real Estate	1	
2	Schedule B—Stocks and Bonds	2	
3	Schedule C—Mortgages, Notes, and Cash	3	
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	Schedule I—Annuities	9	
10	Total gross estate (add items 1 through 9).	10	
11	Schedule U—Qualified Conservation Easement Exclusion	11	
12	Total gross estate less exclusion (subtract item 11 from item 10). Enter here and on line 1 of Part 2—Tax Computation	12	
Item number	Deductions	Amount	
13	Schedule J—Funeral Expenses and Expenses Incurred in Administering Property Subject 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 of the Recapitulation)	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 of the Tax Computation	23	

Estate of:

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				
Total from continuation schedules or additional sheets attached to this schedule . . .				
TOTAL. (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.)

Item number	Description including face amount of bonds or number of shares and par value where needed for identification. Give 9-digit 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 Sheet				\$2,829,919.65
Total from continuation schedules (or additional sheets) attached to this schedule . . .					
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 2.)					\$4,959,808.48

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

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

Estate of: **Robert B. Truelson, Deceased****CONTINUATION SCHEDULE**Continuation of Schedule **B**

(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
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
	Dividend -- Record date:10-JUL-02	\$0.385			\$544.39
43	1000 shares VODAFONE GROUP PLC 92857W-10-0	\$14.250			\$14,250.00
44	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
	Accrued Interest				\$5.83
46	100 shares NATIONAL MUN TR UNIT 148 63701H-839-R	\$152.110			\$15,211.00
	Accrued Interest				\$57.50
47	1074606 shares Command Money Fund 20099-091-9	\$1.000			\$1,074,606.00
	Accrued Dividend				\$1,037.64
48	1435984 shares Command Tax Free Money Fund 20099-097-6	\$1.000			\$1,435,984.00
	Accrued Dividend				\$1,040.19
TOTAL. (Carry forward to main schedule.)					\$2,829,919.65

See the instructions on the reverse side.

Estate of:

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				
Total from continuation schedules (or additional sheets) attached to this schedule . . .				
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 3.).				

(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:

SCHEDULE D—Insurance on the Decedent's LifeYou 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				
Total from continuation schedules (or additional sheets) attached to this schedule . . .				
TOTAL. (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.)

Estate of:

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))**

Item number	Description For securities, give CUSIP number.	Alternate valuation date	Alternate value	Value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule				
1a	Totals	1a		
1b	Amounts included in gross estate (one-half of line 1a)	1b		

PART 2.—All Other Joint Interests

2a State the name and address of each surviving co-tenant. If there are more than three surviving co-tenants, list the additional co-tenants on an attached sheet.

Name	Address (number and street, city, state, and ZIP code)
A.	
B.	
C.	

Item number	Enter letter for co-tenant	Description (including alternate valuation date if any) For securities, give CUSIP number.	Percentage includible	Includible alternate value	Includible value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule					
2b		Total other joint interests	2b		
3		Total includible joint interests (add lines 1b and 2b). Also enter on Part 5, Recapitulation, page 3, at item 5	3		

(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:**SCHEDULE F—Other Miscellaneous Property Not Reportable Under Any Other Schedule***(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.)*

	Yes	No
1 Did the decedent at the time of death own any articles of artistic or collectible value in excess of \$3,000 or any collections whose artistic or collectible value combined at date of death exceeded \$10,000? If "Yes," submit full details on this schedule and attach appraisals.		
2 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? If "Yes," submit full details on this schedule.		
3 Did the decedent at the time of death have, or have access to, a safe deposit box? If "Yes," state location, and if held in joint names of decedent and another, state name and relationship of joint depositor. If any of the contents of the safe deposit box are omitted from the schedules in this return, explain fully why omitted.		

Item number	Description For securities, give CUSIP number.	Alternate valuation date	Alternate value	Value at date of death
1				
Total from continuation schedules (or additional sheets) attached to this schedule . .				
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 6.)				

(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:

SCHEDULE I—Annuities**Note:** Generally, no exclusion is allowed for the estates of decedents dying after December 31, 1984 (see page 14 of the instructions).

A Are you excluding from the decedent's gross estate the value of a lump-sum distribution described in section 2039(f)(2) (as in effect before its repeal by the Deficit Reduction Act of 1984)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," you must attach the information required by the instructions.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Item number	Description Show the entire value of the annuity before any exclusions.	Alternate valuation date	Includible alternate value	Includible value at date of death
1				
Total from continuation schedules (or additional sheets) attached to this schedule . . .				
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 9.)				

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

Estate of:

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).

Item number	Description	Expense amount	Total amount
1	A. Funeral expenses:		
	Total funeral expenses		
	B. Administration expenses:		
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 miscellaneous expenses		
	TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 13.)		

(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:

SCHEDULE K—Debts of the Decedent, and Mortgages and Liens

Item number	Debts of the Decedent—Creditor and nature of claim, and allowable death taxes	Amount unpaid to date	Amount in contest	Amount claimed as a deduction
1				
Total from continuation schedules (or additional sheets) attached to this schedule				
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 14.)				

Item number	Mortgages and Liens—Description	Amount
1		
Total from continuation schedules (or additional sheets) attached to this schedule		
TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 15.)		

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
 (The instructions to Schedule K are in the separate instructions.)

CONTINUATION SCHEDULE

(Enter letter of schedule you are continuing.)

See the instructions on the reverse side.

Estate of:

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		

Total from continuation schedules (or additional sheets) attached to this schedule.

TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 18.)

Item number	Expenses incurred in administering property not subject to claims (Indicate whether estimated, agreed upon, or paid.)	Amount
1		

Total from continuation schedules (or additional sheets) attached to this schedule.

TOTAL. (Also enter on Part 5, Recapitulation, page 3, at item 19.)

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

You no longer need to check a box to make a section 2652(a)(3) (special QTIP) election. If you list qualifying property in Part 1, line 9, below, you will be considered to have made this election. See page 22 of the separate instructions for details.

- | | | | |
|---|---|---|--|
| 1 | Maximum allowable GST exemption | 1 | |
| 2 | Total GST exemption allocated by the decedent against decedent's lifetime transfers | 2 | |
| 3 | Total GST exemption allocated by the executor, using Form 709, against decedent's lifetime transfers | 3 | |
| 4 | GST exemption allocated on line 6 of Schedule R, Part 2 | 4 | |
| 5 | GST exemption allocated on line 6 of Schedule R, Part 3 | 5 | |
| 6 | Total GST exemption allocated on line 4 of Schedule(s) R-1 | 6 | |
| 7 | Total GST exemption allocated to intervivos transfers and direct skips (add lines 2–6) | 7 | |
| 8 | GST exemption available to allocate to trusts and section 2032A interests (subtract line 7 from line 1) | 8 | |
| 9 | Allocation of GST exemption to trusts (as defined for GST tax purposes): | | |

A Name of trust	B Trust's EIN (if any)	C GST exemption allocated on lines 2–6, above (see instructions)	D Additional GST exemption allocated (see instructions)	E Trust's inclusion ratio (optional—see instructions)

9D Total. May not exceed line 8, above	9D	
10 GST exemption allocated to section 2032A interests received by individual beneficiaries (subtract line 9D from line 8). You must attach special use allocation schedule (see instructions) . . .	10	

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

Internal Revenue Service
Cincinnati, OH 45999

Contact Person:
Badge Number:
Telephone:
(Not Toll Free)

● **Date:**

Estate Tax Closing Document
(Not a bill for tax due)

Executor or POA name

- Address:
- 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 penalties that may be charged.

Please keep this document in your permanent records. You may need it to complete administration of the estate, such as: close probate proceedings, transfer title to property, and settle state taxes. Keep it with your cancelled check(s) to show that you have met the estate tax obligation. **Proof of payment in the amount shown above releases you of personal liability (IRC 2204). If the time for payment is extended under section 6161, 6163 or 6166, personal liability is not released until full payment has been received.**

We will not reopen this return unless you notify us of changes to the return, or there is evidence of misrepresentation of a material fact, a clearly defined substantial error based upon an established Service position or a serious administrative omission. (See IRC 7121).

-
- Signature of Authorized Official
 - c.c. Power of Attorney

Title

Date



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

Washington State Estate and Transfer Tax Return

For deaths occurring January 1, 2002 and after

Dept Use Only

EST

REG / AR

Index Number

Posting Period

PART 1 – Decedent and Executor

1. Decedent's first name and middle initial		2. Decedent's last name		3. Social Security Number	
4. Legal residence (domicile) at time of death (county, state, and zip code, or foreign country)			5. Year domicile established	6. Date of birth	7. Date of death
8. Name, Address, and Phone Number of Person Required to File Telephone No: ()			9. Name, Address, and Phone Number of Preparer (if applicable) Telephone No: () Email Address:		
10. Name and location of court where Will was probated or estate administered				11. Cause Number	
12. Check if applicable: <input type="checkbox"/> Decedent died testate <input type="checkbox"/> Extension form attached. <input type="checkbox"/> Installment payment or filing election <input type="checkbox"/> Amended Return.					

PART 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, Recapitulation, page 3, item 23)	2.	
3. Taxable estate (subtract line 2 from line 1)	3.	
4. Adjusted taxable gifts (total taxable gifts (within the meaning of section 2503) made by the decedent after December 31, 1976, other than gifts that are includible in decedent's gross estate (section 2001(b)))	4.	
5. Add lines 3 and 4	5.	
6. Tentative tax on the amount on line 5 from Table A on page 6 of the instructions	6.	
7a. If line 5 exceeds \$10,000,000, enter the lesser of line 5 or \$17,184,000. If line 5 is \$10,000,000 or less, skip lines 7a and 7b and enter -0- on line 7c.....	7a.	
b. Subtract \$10,000,000 from line 7a.	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 made by the decedent after December 31, 1976. Include gift taxes by the decedent's spouse for such spouse's share of split gifts (section 2513) only if the decedent was the donor of these gifts and they are includible in the decedent's gross estate (see instructions)	9.	
10. Gross estate tax (subtract line 9 from line 8)	10.	
11. Maximum unified credit (applicable credit amount) against estate tax (see instructions, page 6)	11.	
12. Adjustment to unified credit (applicable credit amount). (This adjustment may not exceed \$6,000. See page 6 of the instructions.)	12.	
13. Allowable unified credit (applicable credit amount) (subtract line 12 from line 11)	13.	
14. Subtract line 13 from line 10 (but do not enter less than zero)	14.	
15. Gross state death tax due (Table B, page 6 of the instructions.) Do not enter more than line 14. Figure the tax by using the amount on line 3 less \$60,000.	15.	
16. State death taxes allocable to other states (see Part 6, line 6, or Part 7, line 5)	16.	
17. Tax due Washington State – Same as line 15 unless apportioning tax with other states. (subtract line 16 from line 15)	17.	
18. Tax previously paid to Washington State	18.	
19. Balance due Washington State (subtract line 18 from line 17)	19.	
20. Interest (per RCW 82.32)	20.	
21. Total tax and interest due (add lines 19 and 20)	21.	
22. Washington State GST Tax (Page 3, part 8, line 7)	22.	

Under penalty of law, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete

Signature of Person Required to File

Date

Estate of:

PART 3 – Elections by the Executor

Please check the "YES" or "NO" box for each question. (See instructions beginning on page 6)

	Yes	No
1. Do you elect alternate valuation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you elect special use valuation? If "Yes," you must complete and attach Schedule A-1.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you elect to pay the taxes in installments as described in section 6166? If "Yes," you must attach the additional information described on page 10 of the instructions.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you elect to postpone the part of the taxes attributable to a reversionary or remainder interest as described in section 6163?	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 – General Information (Note: Please attach the necessary supplemental documents. You must attach the death certificate.)

1. Marital status of the decedent at time of death: ☐ Married ☐ Widow or widower – Name of deceased spouse: _____
☐ Legally separated Date of death: _____
☐ Single ☐ Divorced – Date divorce decree became final: _____

Please check the "YES" or "NO" box for each question. (See instructions beginning on page 11)

	Yes	No
2. Does the gross estate contain any section 2044 property (qualified terminable interest property (QTIP) from a prior gift or estate). See page 11 of the instructions.....	<input type="checkbox"/>	<input type="checkbox"/>
3a. Have Federal gift tax returns ever been filed?	<input type="checkbox"/>	<input type="checkbox"/>
If "YES," please attach copies of the returns, if available, and furnish the following information:		
Period(s) covered	Internal Revenue Office(s) where filed	
3b.	3c.	

If you answer "YES" to any of questions 4-13, you must attach additional information as described in the instructions.

	Yes	No
4. Was there any insurance on the decedent's life that is not included on the return as part of the gross estate?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the decedent own any insurance on the life of another that is not included in the gross estate?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? If "Yes," you must complete and attach Schedule E.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the decedent, at the time of death, own any interest in a partnership or unincorporated business or any stock in an inactive or closely held corporation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the decedent make any transfer described in section 2035, 2036, 2037, or 2038 (see the instructions for Schedule G beginning on page 14 of the separate instructions)? If "Yes," you must complete and attach Schedule G.	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there in existence at the time of the decedent's death: Any trusts created by the decedent during his or her lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
Any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or trusteeship?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the decedent ever possess, exercise or release any general power of appointment? If "Yes," you must complete and attach Schedule H.	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the marital deduction computed under the transitional rule of Public Law 97-34, section 403(e)(3) (Economic Recovery Tax Act of 1981)? If "Yes," attach a separate computation of the marital deduction, enter the amount on item 20 of the Recapitulation, and note on item 20 "computation attached."	<input type="checkbox"/>	<input type="checkbox"/>
12. Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the instructions for Schedule I? If "Yes," you must complete and attach Schedule I.	<input type="checkbox"/>	<input type="checkbox"/>
13. Was the decedent ever the beneficiary of a trust for which a deduction was claimed by the estate of a pre-deceased spouse under section 2056(b)(7) and which is not reported on this return? If "Yes," attach an explanation	<input type="checkbox"/>	<input type="checkbox"/>

14. Surviving spouse's name	15. Social Security Number	16. Amount received (see page 11 of the instructions)
-----------------------------	----------------------------	---

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)

18. All unascertainable beneficiaries and those who receive less than \$5,000.....	18.	
19. TOTAL	19.	

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

PART 5 – Recapitulation

	Gross Estate	Alternate value	Value at date of death
1. Schedule A – Real Estate		1.	
2. Schedule B – Stocks and Bonds		2.	
3. Schedule C – Mortgages, Notes, and Cash		3.	
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 Misc. 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. Schedule I – Annuities		9.	
10. Total gross estate (add items 1 through 9)		10.	
11. Schedule U – Qualified Conservation Easement Exclusion		11.	
12. Total gross estate less exclusion (subtract item 11 from item 10). Enter here and on line 1 of Part 2 – Tax Computation		12.	

	Deductions	Amount
13. Schedule J – Funeral Expenses and Expenses Incurred in Administering Property Subject 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.		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 of the Tax Computation.		23.

COMPLETE SECTION 6 OR 7 ONLY IF DECEDENT HAD ASSETS IN MORE THAN ONE STATE.**PART 6 – Decedent was a resident of Washington**

1. Gross estate from Part 2, Line 1	1.	
2. Gross value of property subject to Death Taxes of other states (from below)	2.	
3. Total State Death Tax from line 15, Part 2	3.	
4. State Death Tax allocable to other states (line 2 divided by line 1 x line 3)	4.	
5. Amount of Death Taxes paid to other states (provide copy of other states' return)	5.	
6. Allowable State Death Tax paid to other states (lesser of line 4 or 5)	6.	
7. Tax Due Washington State (subtract line 6 from line 3)	7.	

Indicate by schedule and item number those assets listed which are not subject to Washington Estate and Transfer Tax (real and tangible personal property located out of state).

Schedule/Item	Value	Schedule/Item	Item Numbers

PART 7 – Decedent was a nonresident of Washington

1. Gross estate from Part 2, Line 1 of this return	1.	
2. Gross value of property in Washington subject to Death Taxes (from below)	2.	
3. Total State Death Tax from line 15, Part 2	3.	
4. Tax due Washington State (line 2 divided by line 1, x line 3)	4.	
5. Amount of death taxes allocable to other states (subtract line 4 from line 3)	5.	

Indicate by schedule and item number those assets listed which are subject to Washington Estate and Transfer Tax (real and tangible personal property located in Washington).

Schedule/Item	Value	Schedule/Item	Item Numbers

PART 8 – Generation-Skipping Transfer (GST) Tax – Residents and Nonresidents

1. Gross value of distributions & terminations subject to Fed. GST Tax (706-GS(D) & (T)) (attach)	1.	
2. Gross value of distributions & terminations subject to GST of other states	2.	
3. Total allowable State GST Tax Credit (from Federal Forms 706-GS(D) & (T))	3.	
4. State GST Tax Credit allocable to other states (Line 2 divided by Line 1 x Line 3)	4.	
5. Amount of GST Taxes paid to other states	5.	
6. Allowable State GST Tax Credit paid to other states (lesser of Line 4 or 5)	6.	
7. Washington State GST Tax (subtract Line 6 from Line 3)	7.	

INHERITANCE TAX RETURN - *FEDERAL ESTATE TAX CREDIT*

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.

Do not write in space above

SECTION I - ESTATE INFORMATION		For Comptroller's use only T Code ■ 90100 Deposit code ■ 110 Amount ■ Postmark date
Decedent's name (Last, first, middle, maiden)	Date of death	
County of probate (Enter "NA" if not probated)	Probate case number	Social Security Number ■ 2 - [] - [] - [] - []

SECTION II - RESIDENCE/DOMICILE INFORMATION *(See instructions for definitions)*

Check the item that applies and complete the blanks.

1. ☐ TEXAS RESIDENT - Domicile at date of death (*City and county*) _____

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*) _____

SECTION III - EXTENSIONS	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, 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.				
	<u>Texas Extensions</u>				
	4.	<input type="checkbox"/>	An extension to file the Texas Inheritance Tax Return until _____	has been	<input type="checkbox"/> requested <input type="checkbox"/> granted
	5.	<input type="checkbox"/>	An extension to pay the Texas Inheritance Tax until _____	has been	<input type="checkbox"/> requested <input type="checkbox"/> granted
	<u>Federal Extensions</u>				
6.	<input type="checkbox"/>	An extension to file the Federal Estate Tax Return until _____	has been	<input type="checkbox"/> requested <input type="checkbox"/> granted	
7.	<input type="checkbox"/>	An extension to pay the Federal Estate Tax until _____	has been	<input type="checkbox"/> requested <input type="checkbox"/> granted	

SECTION IV - CALCULATION OF TAX PAYABLE TO TEXAS	
8. Total state death tax credit allowable for Federal Estate Tax purposes <i>(From IRS Form 706 page 1)</i>	\$ _____
9. Amount paid to other states which is allowable as state death tax credit <i>(Texas residents only)</i>	_____
10. Amount of state death tax credit not paid to other states <i>(Item 8 minus Item 9) (Texas residents only)</i>	_____
11. Gross value for Federal Estate Tax purposes of property taxable in Texas <i>(See instructions)</i>	_____
12. Gross value of decedent's estate for Federal Estate Tax purposes <i>(From IRS Form 706)</i>	_____
13. Percent of estate, taxable in Texas <i>(Item 11 divided by Item 12, round to 4 places past the decimal)(see instructions)</i> ...	_____ %
14. Amount of credit for property taxable in Texas <i>(Item 8 multiplied by Item 13)</i>	_____
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	\$ _____
16. Amount of tax previously paid <i>(See instructions)</i>	_____
17. Net amount of tax due <i>(Item 15 minus Item 16)</i>	_____
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 - <i>(See instructions)</i>	_____
20. TOTAL TAX, PENALTIES & INTEREST DUE <i>(Total of Items 17, 18 and 19)</i>	
NOTE - DUE DATE: Returns are due and tax is payable nine (9) months after date of death.	\$ _____

SECTION V - SIGNATURES

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 return.
- The estate representative will be personally liable for transfers of estate assets before tax is paid.

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)	
<div>sign here</div> <div>Preparer</div>	Date	<div>sign here</div> <div>Executor, etc.</div>	Date
<div>Make amount in Item 20 payable to:</div> <div>STATE COMPTROLLER</div> <div>Mail to: COMPTROLLER OF PUBLIC ACCOUNTS</div> <div>111 E. 17th Street</div> <div>Austin, TX 78774-0100</div>		<div>Name of Co-Executor, Co-Administrator</div> <div>Phone (Area code & no.)</div> <div>Address (Street & no., city, state, ZIP code)</div> <div> <div>sign here</div> <div>Co-Executor, Co-Administrator</div> </div> <div>Date</div>	

CERTIFICATION OF VITAL RECORD

CITY OF FORT WORTH, TEXAS VITAL STATISTICS DIVISION

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 1 year in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/95

1. NAME OF DECEASED (a) FIRST Robert		(b) MIDDLE Browne		(c) LAST Truelson		(d) MAIDEN ----		2. SEX Male		3. DATE OF DEATH 07-20-2002	
4. DATE OF BIRTH 02-21-1928		5. AGE (IN YEARS) 74		IF UNDER 1 YR. MO DAYS HOURS MIN		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Fort Worth, Texas		7. SOCIAL SECURITY NO. 456-38-3359			
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) -----		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 16			
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None				14a. DECEDENT'S USUAL OCCUPATION Stock Broker		14b. KIND OF BUSINESS OR INDUSTRY Investments			
15a. RESIDENCE STREET ADDRESS 6416 Lansdale								15b. CITY OR TOWN Fort Worth			
15c. COUNTY Tarrant		15d. STATE Texas		15e. ZIP CODE 76116		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. FATHER'S NAME J.G. Truelson						17. MOTHER'S MAIDEN NAME Rebecca Browne					
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)											
19. COUNTY OF DEATH Tarrant		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Fort Worth		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Baylor All Saints Hospital							
22. INFORMANT — SIGNATURE & RELATIONSHIP Thomas Truelson— Son						23. MAILING ADDRESS OF INFORMANT 76132 5900 Kittansett Ct. Ft. Worth, Tx.					
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Greenwood Mausoleum		25b. Section Masoleum		29. NAME & ADDRESS OF FUNERAL HOME Robertson Mueller HARPER 1500 8th Ave. Fort Worth, Texas 76104					
		26. LOCATION (CITY, STATE) Greenwood Mem. Park		Block Westminster							
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> 6655		Lot 02		Space 4					
				28. DATE OF DISPOSITION 07-23-2002							
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE }											
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>						32. DATE SIGNED MO 7 DAY 24 YEAR 2002		33. TIME OF DEATH 10:00a M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER Michael B. Ross, M.D. 1450 Eighth Ave. Fort Worth, Texas 76104											
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cerebrovascular Accident DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death 24hr											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) Cocaine use of mother											
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)									
		41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 02 3621		42b. DATE RECEIVED BY LOCAL REGISTRAR JUL 26 2002		42c. SIGNATURE OF LOCAL REGISTRAR <i>Lois H. Wallace</i>							

LF299320

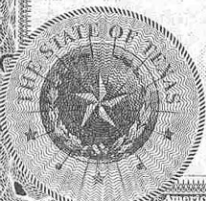
This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

JUL 31 2002

Lois H. Wallace
LOIS H. WALLACE
LOCAL REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



**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)

OMB No. 1545-0181

Note: Use Form 2758 to request an extension for Forms 706-GS(D) and 706-GS(T).

Part I Identification

Decedent's first name and middle initial Robert B.	Decedent's last name Truelson	Date of death 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 (Number, street, and room or suite no.) 5407 Coventry Place		Estate tax return due date 4/20/03
City, state, and ZIP code Colleyville, TX 76034		Domicile of decedent (county, state, and ZIP code) Tarrant County, Texas 76034

Part II Extension of Time To File Form 706 (Sec. 6081)

Automatic extension. If you are applying for an automatic 6-month extension of time to file Form 706, check here (see instructions) ☒
Additional extension. If you are an executor out of the country applying for an extension of time to file in excess of 6 months, check here ☐
You must attach a statement explaining in detail why it was impossible or impractical to file Form 706 by the due date. See the instructions. Enter the extension date requested.

Extension for cause. If you have not filed a request for an automatic 6-month extension and the time for filing such a request has passed, check here ☐
You must attach a written statement explaining in detail why you were unable to request an automatic extension, why it was impossible or impractical to file Form 706 by the due date, and why you should be granted an extension at this time. See the instructions. Enter the extension date requested.

Part III Extension of Time To File Form 706-A, 706-D, or 706-NA (Sec. 6081)

You must attach your written statement to explain in detail why it is impossible or impractical to file a reasonably complete return by the due date of the return.

Part IV Extension of Time To Pay (Sec. 6161)

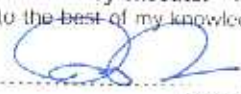
You must attach your written statement to explain in detail why it is impossible or impractical to pay the full amount of the estate (or GST) tax by the return due date. If the taxes cannot be determined because the size of the gross estate is unascertainable, check here ☒ and enter "0" or other appropriate amount on Part V, line 3. You must attach an explanation.

Part V Payment To Accompany Extension Request

1	Amount of estate and GST taxes estimated to be due	1	2,746,620	00
2	Amount of cash shortage (complete Part IV)	2		
3	Balance due (subtract line 2 from line 1) (see instructions)	3	2,746,620	00

Signature and Verification

If filed by executor—Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct.



Executor's signature

Independent Co-Executor

Title

4/20/03

Date

If filed by someone other than the executor—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by an executor to file this application, and that I am (check box(es) that applies).

- ☐ A member in good standing of the bar of the highest court of (specify jurisdiction)
☐ A certified public accountant duly qualified to practice in (specify jurisdiction)
☐ A person enrolled to practice before the Internal Revenue Service
☐ A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

Filer's signature (other than the executor)

Date

Part VI Notice to Applicant—To be completed by the Internal Revenue Service

- 1 The application for extension of time to file (Part II or III) is: ☐ Approved ☐ Not approved
2 The application for extension of time to pay (Part IV) is:

☐ Other

Internal Revenue Service official

For Privacy Act and Paperwork Red

EST. OF ROBERT B. TRUELSON 08-02
ROBERT B. TRUELSON II CO-EXEC
5407 COVENTRY PL.
COLLEYVILLE, TX 76034

32-#1 184
1110
1597460235

DATE

4/20/03

107

BANK ONE

Bank One, N.A.
Dallas, Texas 75201
www.bankone.com

MEMO FORM 706/4768
TRUELSON, Robert B.
456-38-3359

11100006141

159746023510107

\$ 2,746,620.00
DOLLARS

April 20, 2003

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

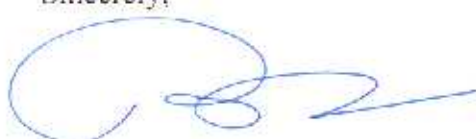
Re: Request for Extension of Time to File
Texas Inheritance Tax Return-Federal Estate Tax Credit
Robert B. Truelson, Deceased
SSN: 456-38-3359
Date of Death: July 20, 2002

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. Truelson II
Independent Co-Executor, Estate of Robert B. Truelson
5407 Coventry Place
Colleyville, TX 76034
972-761-8134

EST. OF ROBERT B. TRUELSON 08-02
ROBERT B. TRUELSON II CO-EXEC
5407 COVENTRY PL.
COLLEYVILLE, TX 76034
DATE 4/20/03
159740225
1110
104
32-61
106

PAY TO THE ORDER OF
Comptroller of Public Accounts
Five Hundred Forty Two Thousand Four Hundred Ninety One and 14/100
DOLLARS
\$ 542,491.14

BANK ONE
MEMO IN HERITANCE TAX ST. Dept
SSN 456-38-3359
11100006141
90006141
159740225
106



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

For Filers of 85 0046 and 85 0047 (Circle one)

PART 1 - Decedent and Executor

1. Decedent's first name and middle initial (and maiden name, if any) ROBERT B.	2. Decedent's last name TRUELSON	3. Social Security Number 456-38-3359
4. Legal residence (domicile at time of death (county, state, and zip code, or foreign country) TARRANT COUNTY, TEXAS 76116	5. Year domicile established 1954	6. Date of birth 2/28/28
7. Date of death 7/20/02	8. Name, Address, and Phone Number of Person Required to File ROBERT B. TRUELSON II 5407 COVENTRY PLACE COLLEYVILLE, TX 76034 Telephone No: (972) 761-8134	
9. Name, Address, and Phone Number of Preparer (if applicable) Telephone No () Email Address:		10. Name and location of court where Will was probated or estate administered TARRANT COUNTY PROBATE COURT #2, TEXAS
11. Cause Number 02-2277-2		

PART 2 - Extension of Time to File Form 85 0046 or 85 0047

Extension. If you are applying for a 6-month extension of time to file Form 85 0046 or 85 0047, check here (see instructions): ☒ **X**

Additional extension. If you are an executor out of the country applying for an extension of time to file in excess of 6 months, check here: ☐

You must attach a statement explaining in detail why it was impossible or impractical to file Form 85 0046 or 85 0047 by the due date. See the instructions. Enter the extension date requested.

Extension for cause. If you have not filed a request for a 6-month extension and the time for filing such a request has passed, check here: ☐

You must attach a written statement explaining in detail why you were unable to request an automatic extension, why it was impossible or impractical to file Form 85 0046 or 85 0047 by the due date, and why you should be granted an extension at this time. See the instructions. Enter the extension date requested.

You must attach your written statement to explain in detail why it was impossible or impractical to file a reasonably complete return by the due date of the return.

PART 3 - Extension of Time to Pay

You must attach your written statement to explain in detail why it is impossible or impractical to pay the full amount of the estate (or GST) tax by the return due date. If the taxes cannot be determined because the size of the gross estate is unascertainable, check here: ☒ **X** and enter "-0-" or other appropriate amount on Part 4, line 3. You must attach an explanation.

PART 4 - Payment to Accompany Extension Request

1. Amount of estate and GST taxes estimated to be due	1	14,518.48
2. Amount of cash shortage (complete Part 3)	2	
3. Balance Due (subtract line 2 from 1) (see instructions)	3	14,518.48

Signature and Verification

If filed by executor—Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct.

Robert B. Truelson II Executor's Signature **Independent Co-Executor** Title **4/20/03** Date

If filed by someone other than the executor—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by an executor to file this application.

Filer's Signature (other than the executor) Title Date

PART 5 - Notice to Applicant—To be completed by the Department of Revenue

1. The application for extension of time to file (Part 2) is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____	2. The application for extension of time to pay (Part 3) is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____
--	---

☐ Other _____

Department of Revenue Official

REV 85 0048-1 (12-05-02)

MEMO
DATE: 4/20/03
TO: Robert B. Truelson II
FROM: Department of Revenue
SUBJECT: Extension of Time to File and Pay Estate Tax

14,518.48

DATE

108



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

Washington State Estate and Transfer Tax Return

For deaths occurring January 1, 2002 and after

Dept Use Only

PART 1 - Decedent and Executor

1. Decedent's first name and middle initial Robert B.		2. Decedent's last name Truelson		3. Social Security Number 456-38-3359	
4. Legal residence (domicile) at time of death (county, state, and zip code, or foreign country) Tarrant County, Texas 76116		5. Year domicile established 1954	6. Date of birth 2/21/28	7. Date of death 7/20/02	
8. Name, Address, and Phone Number of Person Required to File Robert B. Truelson II 5407 Coventry Place Colleyville, TX 76034			9. Name, Address, and Phone Number of Preparer (if applicable) Telephone No. () Email Address		
10. Name and location of court where Will was probated or estate administered Probate Court Number 2, Tarrant County, Texas			11. Cause Number 02-2277-2		
12. Check if applicable: <input checked="" type="checkbox"/> Decedent died testate <input checked="" type="checkbox"/> Extension form attached <input type="checkbox"/> Installment payment or filing election <input type="checkbox"/> Amended Return					

EST

REG / AR

Index Number

Posting Period

PART 2 - Tax Computation

1. Total gross estate less exclusion (from Part 5, Recapitulation, page 3, item 12)	1. \$7,416,691	13
2. Total allowable deductions (from Part 5, Recapitulation, page 3, item 23)	2. 369,779	71
3. Taxable estate (subtract line 2 from line 1)	3. 7,046,911	42
4. Adjusted taxable gifts (total taxable gifts (within the meaning of section 2503) made by the decedent after December 31, 1976, other than gifts that are includible in decedent's gross estate (section 2001(b)))	4. 0	
5. Add lines 3 and 4	5. 7,046,911	42
6. Tentative tax on the amount on line 5 from Table A on page 6 of the instructions	6. 3,516,601	28
7a. If line 5 exceeds \$10,000,000, enter the lesser of line 5 or \$17,184,000. If line 5 is \$10,000,000 or less, skip lines 7a and 7b and enter -0- on line 7c.	7a.	
7b. Subtract \$10,000,000 from line 7a.	7b.	
c. Enter 5% (.05) of line 7b	7c. 0	
8. Total tentative tax (add lines 6 and 7c)	8. 3,516,601	28
9. Total gift tax payable with respect to gifts made by the decedent after December 31, 1976. Include gift taxes by the decedent's spouse for such spouse's share of split gifts (section 2513) only if the decedent was the donor of these gifts and they are includible in the decedent's gross estate (see instructions)	9. 0	
10. Gross estate tax (subtract line 9 from line 8)	10. 3,516,601	28
11. Maximum unified credit (applicable credit amount) against estate tax (see instructions, page 6)	11. \$229,800	00
12. Adjustment to unified credit (applicable credit amount). (This adjustment may not exceed \$6,000. See page 6 of the instructions.)	12. 0	
13. Allowable unified credit (applicable credit amount) (subtract line 12 from line 11)	13. \$229,800	00
14. Subtract line 13 from line 10 (but do not enter less than zero)	14. 3,286,800	28
15. Gross state death tax due (Table B, page 6 of the instructions.) Do not enter more than line 14. Figure the tax by using the amount on line 3 less \$60,000.	15. 644,004	6
16. State death taxes allocable to other states (see Part 6, line 6, or Part 7, line 5)	16. 628,873	35
17. Tax due Washington State - Same as line 15 unless apportioning tax with other states. (subtract line 16 from line 15)	17. 15,131	31
18. Tax previously paid to Washington State	18. \$14,518	48
19. Balance due Washington State (subtract line 18 from line 17)	19. \$612	83
20. Interest (per RCW 82.32)	20. \$15	32
	21. \$628	15
	22. 0	

EST. OF ROBERT B. TRUELSON 08-02
ROBERT B. TRUELSON II CO-EXEC
5407 COVENTRY PL.
COLLEYVILLE, TX 76034

22-81 184
1110
1597460235

112

it is true, correct and complete

DATE 10/15/03

Date

Washington State Dept. of Revenue, Estate and Transfer Tax

PAY TO THE ORDER OF

Six Hundred Twenty Eight and 15/100

\$ 628¹⁵

DOLLARS

BANK ONE

Bank One, NA
Dallas, Texas 75201
www.bankone.com

MEMO Add'l WA. Estate Tax

[Signature]

Page 1

11100006141

159746023500112

**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)

GMB No. 1545-0181

75-4

Note: Use Form 2758 to request an extension for Forms 706-GS(D) and 706-GS(I).

Part I Identification

Decedent's first name and middle initial Robert B.	Decedent's last name Truelson	Date of death 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 (Number, street, and room or suite no.) 5407 Coventry Place		Estate tax return due date 4/20/03
City, state, and ZIP code Colleyville, TX 76034		Domicile of decedent (county, state, and ZIP code) Tarrant County, Texas 76034

Part II Extension of Time To File Form 706 (Sec. 6081)

Automatic extension. If you are applying for an automatic 6-month extension of time to file Form 706, check here (see instructions). ☒

Additional extension. If you are an executor out of the country applying for an extension of time to file in excess of 6 months, check here. ☐

You must attach a statement explaining in detail why it was impossible or impractical to file Form 706 by the due date. See the instructions. Enter the extension date requested **MAY 01 2003**

Extension for cause. If you have not filed a request for an automatic 6-month extension and the time for filing such a request has passed, check here ☐

You must attach a written statement explaining in detail why you were unable to file Form 706 by the due date and why you should be granted an extension at this time. See the instructions. Enter the extension date requested

Part III Extension of Time To File Form 706-A, 706-D, or 706-NA (Sec. 6081)

You must attach your written statement to explain in detail why it is impossible or impractical to file a reasonably complete return by the due date of the return.

Extension date requested

Part IV Extension of Time To Pay (Sec. 6161)

You must attach your written statement to explain in detail why it is impossible or impractical to pay the full amount of the estate (or GST) tax by the return due date. If the taxes cannot be determined because the size of the gross estate is unascertainable, check here ☒. You must attach appropriate amount on Part V, line 3. You must attach a statement with remittance

Extension date requested

Part V Payment To Accompany Extension Request

1 Amount of estate and GST taxes estimated to be due	APR 24 2003	1	2,746,620	00
2 Amount of cash shortage (complete Part IV)		2	-	
3 Balance due (subtract line 2 from line 1) (see instructions)		3	2,746,620	00

Signature and verification

If filed by executor—Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct.

Executor's signature **[Signature]** Title **Independent Co-Executor** Date **4/20/03**

If filed by someone other than the executor—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by an executor to file this application, and that I am (check boxes) that applies:

- ☐ A member in good standing of the bar of the highest court of (specify jurisdiction) _____
- ☐ A certified public accountant duly qualified to practice in (specify jurisdiction) _____
- ☐ A person enrolled to practice before the Internal Revenue Service.
- ☐ A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

Filer's signature (other than the executor)

Date

Part VI Notice to Applicant—To be completed by the Internal Revenue Service

1 The application for extension of time to file (Part II or III) is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____ To October 20, 2003 <input type="checkbox"/> Other _____	2 The application for extension of time to pay (Part IV) is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____ <input type="checkbox"/> Other _____
--	---

Internal Revenue Service official **[Signature]** Date **5/1/03** Internal Revenue Service official _____ Date _____

**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)
Note: Use Form 2758 to request an extension for Forms 706-GS(D) and 706-GS(T).

OMB No. 1545-0181

75-4

Part I Identification

Decedent's first name and middle initial Robert B.	Decedent's last name Truelson	Date of death 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 (Number, street, and room or suite no.) 5407 Coventry Place		Estate tax return due date 4/20/03
City, state, and ZIP code Colleyville, TX 76034		Domicile of decedent (county, state, and ZIP code) Tarrant County, Texas 76034

Part II Extension of Time To File Form 706 (Sec. 6081)

Automatic extension. If you are applying for an automatic 6-month extension of time to file Form 706, check here (see instructions): ☒
Additional extension. If you are an executor out of the country applying for an extension of time to file in excess of 6 months, check here: ☐
You must attach a statement explaining in detail why it was impossible or impractical to file Form 706 by the due date. See the instructions. Enter the extension date requested: **MAY 01 2003**
Extension date requested: ☐
Extension for cause. If you have not filed a request for an automatic 6-month extension and the time for filing such a request has passed, check here: ☐
You must attach a written statement explaining in detail why you were unable to file Form 706 by the due date, why it was impossible or impractical to file Form 706 by the due date, and why an extension should be granted at this time. See the instructions. Enter the extension date requested: ☐

Part III Extension of Time To File Form 706-A, 706-D, or 706-NA (Sec. 6081)

You must attach your written statement to explain in detail why it is impossible or impractical to file a reasonably complete return by the due date of the return. Extension date requested: ☐

Part IV Extension of Time To Pay (Sec. 6161)

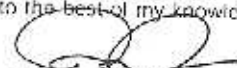
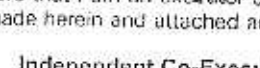
You must attach your written statement to explain in detail why it is impossible or impractical to pay the full amount of the estate (or GST) tax by the return due date. If the taxes cannot be determined because the size of the gross estate is unascertainable, check here: ☒
appropriate amount on Part V, line 3. You must attach an extension request with remittance. Extension date requested: ☐

Part V Payment To Accompany Extension Request

1 Amount of estate and GST taxes estimated to be due	2,746,620	00
2 Amount of cash shortage (complete Part IV)		
3 Balance due (subtract line 2 from line 1) (see instructions)	2,746,620	00

Signature and Verification

If filed by executor—Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct.

Executor's signature:  Independent Co-Executor:  Date: **4/20/03**

If filed by someone other than the executor—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by an executor to file this application, and that I am (check box(es) that apply):

- ☐ A member in good standing of the bar of the highest court of (specify jurisdiction) _____
- ☐ A certified public accountant duly qualified to practice in (specify jurisdiction) _____
- ☐ A person enrolled to practice before the Internal Revenue Service.
- ☐ A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

Filer's signature (other than the executor)

Date

Part VI Notice to Applicant—To be completed by the Internal Revenue Service

1 The application for extension of time to file (Part II or III) is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____ To October 20, 2003 <input type="checkbox"/> Other _____	2 The application for extension of time to pay (Part IV) is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved because _____ <input type="checkbox"/> Other _____
--	---

Internal Revenue Service official

Date

Internal Revenue Service official

Date

Form **712**

(Rev. August 1994)

Department of the Treasury
Internal Revenue Service**Life Insurance Statement**

OMB No. 1545-0022

Part I Decedent-Insured (To Be Filed by the Executor With United States Estate Tax Return, Form 706 or Form 706-NA)

1 Decedent's first name and middle initial ROBERT B	2 Decedent's last name TRUELSON	3 Decedent's social security number (if known) 466-38-3359	4 Date of death 07/20/02
---	---	--	------------------------------------

5 Name and address of insurance company

Department of Veterans Affairs, P. O. Box 7208, Philadelphia PA 19101

6 Type of policy 5 Yr. Term	7 Policy number V 1012 63 40
---------------------------------------	--

8 Owner's name. If decedent is not owner, attach copy of application. ROBERT B TRUELSON	9 Date issued 02/14/01	10 Assignor's name. Attach copy of assignment.	11 Date assigned
---	----------------------------------	--	------------------

12 Value of the policy at the time of assignment	13 Amount of premium (see instructions) 717.60	14 Name of beneficiaries ROBERT B TRUELSON 1/3, JAMES MORROW TRUELSON 1/3, THOMAS C TRUELSON 1/3
--	--	---

15 Face amount of policy	\$ 10,000
16 Indemnity benefits	\$
17 Additional insurance	\$
18 Other benefits	\$
19 Principal of any indebtedness to the company that is deductible in determining net proceeds	\$
20 Interest on indebtedness (line 19) accrued to date of death	\$
21 Amount of accumulated dividends	\$ 66.00
22 Amount of post-mortem dividends	\$ 365.30
23 Amount of returned premium	\$ 10,431.30
24 Amount of proceeds if payable in one sum	\$
25 Value of proceeds as of date of death (if not payable in one sum)	\$
26 Policy provisions concerning deferred payments or installments: <i>Note: If other than lump-sum settlement is authorized for a surviving spouse, attach a copy of the insurance policy.</i>	\$
27 Amount of installments	\$
28 Date of birth, sex, and name of any person the duration of whose life may measure the number of payments	\$
29 Amount applied by the insurance company as a single premium representing the purchase of installment benefits	\$
30 Basis (mortality table and rate of interest) used by insurer in valuing installment benefits	\$

31 Was the insured the annuitant or beneficiary of any annuity contract issued by the company? ☐ Yes ☒ No32 Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records. *Not Of Record*

The undersigned officer of the above-named insurance company hereby certifies that this statement sets forth true and correct information

Signature >

Title > Insurance Specialist

Date of Certification > 05/19/2003

Instructions**Paperwork Reduction Act Notice.**—We ask 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 ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

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

If you have comments concerning the accuracy of these time estimates or 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

Budget at the addresses listed 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 Insurer.**—This statement must be made on behalf of the insurance company that issued the policy, by an officer of the company having access to the records of the company. For purposes of this statement, a facsimile signature may be used in lieu 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 premium, not the cumulative premium 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

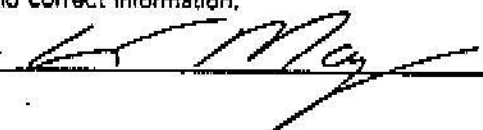
OMB No. 1545-0022

Part I **Decedent—Insured** (To be filed by the executor with Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return, or Form 706-NA, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not a citizen of the United States.)

1 Decedent's first name and middle initial Robert B.	2 Decedent's last name Truelson	3 Decedent's social security number (if known) 456-38-3359	4 Date of death 7-20-02
5 Name and address of insurance company The Prudential Insurance Company			
6 Type of policy Group Term Life		7 Policy number G-16171	
8 Owner's name. If decedent is not owner, attach copy of application. Robert B. Truelson	9 Date issued	10 Assignor's name. Attach copy of assignment.	11 Date assigned
12 Value of the policy at the time of assignment	13 Amount of premium (see instructions) Group rate varies by age and coverage amount	14 Name of beneficiaries Robert Browne Truelson, II, John Morrow Truelson & Thomas Clinton Truelson	
15 Face amount of policy			15 \$ 5,000
16 Indemnity benefits			16 \$
17 Additional insurance			17 \$
18 Other benefits			18 \$
19 Principal of any indebtedness to the company that is deductible in determining net proceeds			19 \$
20 Interest on indebtedness (line 19) accrued to date of death.			20 \$
21 Amount of accumulated dividends			21 \$
22 Amount of post-mortem dividends			22 \$
23 Amount of returned premium			23 \$
24 Amount of proceeds if payable in one sum			24 \$ 5,000
25 Value of proceeds as of date of death (if not payable in one sum)			25 \$
26 Policy provisions concerning deferred payments or installments. <i>Note: If other than lump-sum settlement is authorized for a surviving spouse, attach a copy of the insurance policy.</i>			
27 Amount of installments			27 \$
28 Date of birth, sex, and name of any person the duration of whose life may measure the number of payments.			
29 Amount applied by the insurance company as a single premium representing the purchase of installment benefits			29 \$
30 Basis (mortality table and rate of interest) used by insurer in valuing installment benefits.			
31 Were there any transfers of the policy within the three years prior to the death of the decedent?			<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Date of assignment or transfer: / / Month Day Year			
33 Was the insured the annuitant or beneficiary of any annuity contract issued by the company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
34 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records.			

The undersigned officer of the above-named insurance company (or appropriate Federal agency or retirement system official) hereby certifies that this statement sets forth true and correct information.

Signature


Title **SENIOR VICE PRESIDENT** Date of Certification **10-13-03**

Cat. No. 10170V

Form **712** (Rev. 5-2000)