

INHERITANCE TAX RETURN AFFIDAVIT DECLARATION OF NO TAX DUE

TO BE USED ONLY FOR ESTATES FILED AND PAYMENTS IN THE DECLARATION BELOW

Decedent's Name (First, Middle, Last)	Date of Birth	Date of Death	Date of Death
TASKA, VACLAV	1917-07-01	1989-03-07	1989-03-01, 89
Residence / Domicile at death Vancouver, WA	Date Deceased / Date of Return to Surviving Spouse		
Child Present at time of death None	Residence No. (No. 1)		
	71	DE 15-36 Cascadia Apartments	

DECLARATION

I, the undersigned, solemnly swear that the information entered on this form and the attached documents are true and correct:

- the date of decedent's death is 03/07/1989;
- the decedent was a citizen of Washington at the time of death;
- all assets of the estate will go to the surviving spouse of decedent;
- no gifts or bequests were made during the decedent's lifetime;
- the gross value of all assets left in the estate does not exceed \$100,000.00 (or county property);
- all transfers of property, don'ts and bequests made during the decedent's lifetime prior to death have been included in the gross value of the estate;
- there are no debts due the estate.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HEREBY CERTIFY THAT THE STATEMENT ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISSTATEMENT OR INFORMATION CONTAINED IN THIS STATEMENT MAY SUBJECT ME TO PENALTY OR JUDGMENT AS PROVIDED BY LAW.

Enter name and mailing address of financial representative

Rose Taska
W.P. 1-26R Alder Rd.
Northcreek, WA 98161

I understand that this must be subject to the fraudulent report provisions of RCW 43.36.020 and that any statement or information contained in this report may subject me to penalties or judgments.

Preparer Representative's Signature

Rose Taska

Date

Telephone No. (Area Code)

12 124 180 837-3162

Enter name and mailing address of property if applicable

Bernard E. Raby
KELSY, HENRY & LAMSON
1010 Esther St.
Vancouver, WA 98160

I understand that this must be subject to the fraudulent report provisions of RCW 43.36.020 and that any statement or information contained in this report may subject me to penalties or judgments.

Preparer's Signature

Bernard E. Raby

Date

Telephone No. (Area Code)

12 124 180 694-6513

Return copy and retain the original for my records

Rose Taska

Preparer Representative's Signature

Rose Taska

Date

Telephone No. (Area Code)

12 124 180 694-6513

Mailing address

Vancouver, WA

ALL COPIES OF THIS RETURN TO: Inheritance Tax Division, PO Box 440, Olympia, Washington 98504
For Assistance With Any Inheritance Tax Question, Call (360) 753-5250

FOR DEPARTMENT'S USE ONLY

This document is valid from the filing date of the declaration until the Director of the Inheritance Tax Division certifies it to the Washington State Department of Revenue. It is not valid if the Director does not certify it to the State of Washington. This is a record of the document and the Director's signature on the back of the document.

John G. Boley

Director, Inheritance Tax Division

RETURN ALL COPIES