



STATE OF WASHINGTON
DEPARTMENT OF REVENUE
INHERITANCE TAX DIVISION
OLYMPIA, WASHINGTON 98504

INHERITANCE TAX RETURN RESIDENT DECLARATION OF NO TAX DUE

TO BE USED ONLY FOR ESTATES MEETING ALL REQUIREMENTS IN THE DECLARATION BELOW

Decedent's Name (Last, First, Middle) BUECHELE, Robert W.		County Skamania	Date of Birth 2 3 32	Date of Death 7 26 81
Residence (if decedent at death) Box 1205	Date Residence Established in WA 1956	Probable cause of death None	Date and Place of Marriage to Surviving Spouse 7 19 75 - Husum, Washington	

DECLARATION

Upon my oath I solemnly swear that the information entered on this form and the following statements are true and correct:

- the date of death was **May 26, 1981**
- the decedent was a resident of Washington at the date of death
- an inventory of the decedent's assets has been prepared and attached to this return, listing all stocks, bonds, cash, etc. List all real property located in Washington, showing legal description, latest assessed value and fair market value
- the gross value of all assets of this estate does not exceed \$100,000 (\$50,000 if community property)
- all transfers of property for less than full and adequate consideration made within three years prior to death have been included in computing the gross value of the estate
- no Federal estate tax has been paid on the day of this return

THIS RETURN MUST BE SIGNED BY THE PERSONAL REPRESENTATIVE OF THE ESTATE — EXECUTOR, ADMINISTRATOR, SURVIVING SPOUSE, ETC. IF AN ATTORNEY, ACCOUNTANT OR OTHER PERSON WAS RETAINED AS PREPARER OF THIS RETURN, THEN THAT PERSON MUST ALSO SIGN THE RETURN.

Enter name and mailing address of personal representative

Maxine Frances Buechele
Box 1205
White Salmon, Washington 98672

I understand that this report is subject to the fraudulent report provisions of RCW 63.52.020 and that if any statement or information entered on this report is false, criminal penalties may result.

Personal Representative's Signature

Maxine Buechele
1 20 82
Telephone No. (Area Code) **360-493-1139**

Enter name and mailing address of preparer (if applicable)

Joseph L. Udall
Attorney at Law
P. O. Box 425
White Salmon, Washington 98672

I understand that this report is subject to the fraudulent report provisions of RCW 63.52.020 and that if any statement or information entered on this report is false, criminal penalties may result.

Preparer's Signature

Joseph L. Udall
1 21 82
Telephone No. (Area Code) **360-493-2210**

Subscribed and sworn to before me, on this

20th

day of **January**

1982

Personal Representative's Signature

Maxine Buechele
Betty Lou Harrison
Notary's Signature

Notary residing at **White Salmon, Washington**

MAIL ALL COPIES OF THIS RETURN TO: Inheritance Tax Division, P.O. Box 448, Olympia, Washington 98504
For Assistance With Any Inheritance Tax Question, Call (206) 753-5560

This is to certify that I have, under the foregoing statement of facts, examined the tax return and the supporting statement of assets and liabilities and find that the same are correct and true and that the same are in accordance with the provisions of the Inheritance Tax Act of the State of Washington.

Given under my hand this **3** day of **February**, 1982

Director, Inheritance Tax Division

212 ALL 312 RETURN ALL COPIES

FORM REV 10-06-79 (P. 85)

ROLL 382.1
DAILY RECORDINGS
BOARD OF COUNTY COMMISSIONERS
MARRIAGE APPLICATIONS

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