



DECEASED DEPOSITOR REPORT

Date _____

TO: Inheritance Tax Unit
Director of Audit Division
Andrew Jackson State Office Building
Nashville, Tennessee 37242

In accordance with Section 67-8-417, Tennessee Code Annotated, the following report is made.

1. Name of Deceased Depositor: _____

Address: _____

Table with 3 columns: ACCOUNT NUMBER, TYPE OF ACCOUNT, ACCOUNT BALANCE. Contains 4 rows of blank lines for data entry.

3. Payable or transferred to: _____

Address: _____

4. Safety Deposit Box: Yes _____ Number _____ No _____

Copy of inventory included _____ or to be furnished _____ .

5. Notes or bills for collection described:

Maker: _____ Date of Note/Bill: _____ Balance: _____

By: _____ Title

Name of Bank or Federal Savings & Loan

Address

City, State, Zip Code