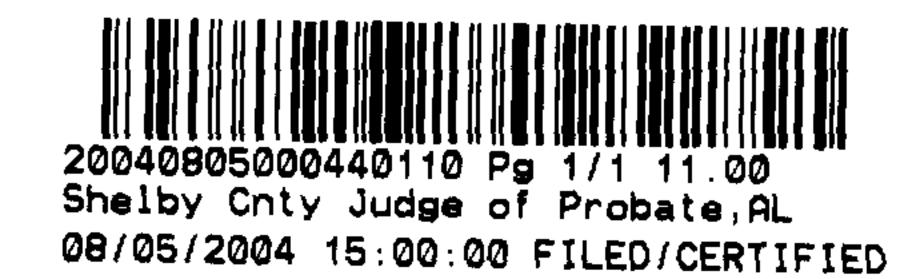
Affidavit of Estate Tax

(To be recorded in the county of residence of the decedent)



4 , •

(this space available for case style of estate pr	obate proceeding)	(for official use only)
STATE OF Plabama		
COUNTY OF Shelby		
I, the undersigned,	Robbins	, do hereby state:
1. I am the Personal Representative as defin	(print name of personal representative) ed in Section 8-6-140(5). <i>Code</i>	of Alabama 1975, as the case may
be, of the Estate of	$\mathbf{T} = \mathbf{T} \cdot \mathbf{T} \cdot \mathbf{T}$	
2. The decedent referenced above, whose S	(print name of decedent)	died
on 06 / 14 / 2003, and		
So. 618 (1937), at the time of death, at	1720 He 24 49	Columbiano
in the county of $\frac{5hellow}{1937}$, at the time of death, at $\frac{5hellow}{194}$		
On date of death, the decedent was (chec		
3. A federal estate tax return (federal Form 7	706 or 706-NA) (check one):	LJ not a 0.5. Chizen.
is not required is required to b		
Under penalties of perjury, I declare that I has		e facts stated are true. This form is
being filed in accordance with Section 40-15-13, C		
Executed this day of		
	Signature: Pana.	Lobbin
	Print Name: Begina	Robbins
	Mailing Address: 1720	Hwy. 49
	Columb	ana Al. 35051
Λ , ι	Telephone: (205) (20	29-149A
STATE OF HOWAMOL		
COUNTY OF SOLID		
Sworn to (or affirmed) and subscribed before me b	v /	
on this _aay of _Jule	20()	
	Signature of Notary:	our MSHOM
Personally Known		
Or Produced Identification		COMMISSION EXPIRES MAY 2, 2006
Type of Identification Produced		······································
	(Print, Type	e, or Stamp Name of Notary)