



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