

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA FILED

Harnett

County
2013 DEC 16 PM 12:08

File No.

13-E-476

In The General Court Of Justice
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

Michael Shane Mires HARNETT CO., C.S.C.

Date Of Death

28-July-2013

ESTATE TAX CERTIFICATION
(FOR DECEDENTS DYING ON OR AFTER 1/1/99)

Decedent's Social Security Number (Last Four Digits)

8331

G.S. 28A-21-2; -25-3;105-32.2

NOTE: Use this form for decedents dying on or after 1/1/99. For decedent's dying before 1/1/99, use AOC-E-207.

I, the personal representative/fiduciary/spouse in the above estate, certify that:

- 1. a. The gross value of the estate prior to the date of the decedent's death is less than:
 - \$650,000 (If decedent died on or after 1/1/1999)
 - \$675,000 (If decedent died on or after 1/1/2000)
 - \$1,000,000 (If decedent died on or after 1/1/2002)
 - \$1,500,000 (If decedent died on or after 1/1/2004)
 - \$2,000,000 (If decedent died on or after 1/1/2006)
 - \$3,500,000 (If decedent died on or after 1/1/2009)

b. The decedent died on or after 1/1/2010, and there is no state or federal estate tax due or payable.

2. I am the surviving spouse and sole heir of the decedent.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

12/16/13

Signature

[Signature]

Date

Signature

Title Of Personal Representative/Fiduciary/Spouse

Adminstr.

Title Of Personal Representative/Fiduciary/Spouse

Address Of Personal Representative/Fiduciary/Spouse

Address Of Personal Representative/Fiduciary/Spouse

Date

12-16-13

Signature Of Person Authorized To Administer Oaths

[Signature]

Date

Signature Of Person Authorized To Administer Oaths

Deputy CSC

Assistant CSC

Clerk Of Superior Court

Deputy CSC

Assistant CSC

Clerk Of Superior Court

Notary

Date My Commission Expires

Date My Commission Expires

Notary

SEAL

County Where Notarized

County Where Notarized

SEAL

NOTE TO PERSONAL REPRESENTATIVE/FIDUCIARY/SPOUSE AND CLERK:

No final accounting of an estate may be approved unless the personal representative files with the Clerk of Superior Court an Estate Tax Certification, AOC-E-212, or a certificate issued by the Secretary of Revenue stating the estate tax liability has been satisfied. G.S. 105-32.3(c).

CERTIFICATION OF VITAL RECORD

**STATE OF NORTH CAROLINA
WAKE COUNTY
OFFICE OF REGISTER OF DEEDS**

**COPY 1
STATE COPY**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registration District No. 09295 Local No. 2377

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Michael Shane Mires		SEX 2. Male		DATE OF DEATH (Month, Day, Year) 3. July 28, 2013				
	SOCIAL SECURITY NUMBER 4. 238-27-8331		AGE—Last Birthday (Years) 38		DATE OF BIRTH (Month, Day, Year) April 22, 1975				
	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 5. No		HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		BIRTHPLACE (County and State or Foreign Country) 7. Wake Co., NC				
	FACILITY NAME (If not institution, give street and number) 8b. Rex Healthcare		CITY, TOWN, OR LOCATION OF DEATH 8c. Raleigh		INSIDE CITY LIMITS? (Yes or No) Yes COUNTY OF DEATH 8d. Wake				
	MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. Married		SURVIVING SPOUSE (If wife, give maiden name) 11. Jennifer Fearing		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. electrician				
	RESIDENCE—STATE 9a. North Carolina		COUNTY 9b. Harnett		CITY, TOWN, OR LOCATION 9c. Holly Springs				
	INSIDE CITY LIMITS? (Yes or No) 13a. No		ZIP CODE 13b. 27540		STREET AND NUMBER 13d. 10317 NC Hwy 42				
	FATHER'S NAME (First, Middle, Last) 17. Dalma Carl Edwards		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Vickie Sue Hicks		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) 16. 13				
	INFORMANT'S NAME (Type/Print) 19a. Jennifer F. Mires		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 10317 NC Hwy 42, Holly Springs, NC 27540		DATE AMENDED 19c.				
	CAUSE OF DEATH		Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT OR TYPE)				Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Complications of blunt injury to the head			DUE TO (OR AS A CONSEQUENCE OF):						
Sequitentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. Fall			DUE TO (OR AS A CONSEQUENCE OF):						
c. Alcohol Abuse and withdrawal			DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFIER		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc. 20b.				WAS AN AUTOPSY PERFORMED (Yes or No) 21a.			
		MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined				Were Autopsy Findings Available prior to Completion of Death Certificate? 21b. (Yes or No)			
DISPOSITION		DATE OF INJURY (Month, Day, Year) 22a. 7/28/13		TIME OF INJURY 22b. M.		INJURY AT WORK? (Yes or No) 22c. No			
		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 23a. Construction site		LOCATION (Street and Number or Rural Route Number, City or Town, State) 23b.		DESCRIBE HOW INJURY OCCURRED 22d. Fall to the ground after seizure			
		To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) 23c. Yang SZ MD		DATE SIGNED (Month, Day, Year) 23d. 7/21/13		NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24a. YANG SHI, MD		DATE PRONOUNCED DEAD (Month, Day, Year) 24b. 7/29/13	
DISPOSITION		METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25a. Montlawn Memorial		LOCATION—City or Town, State, Zip Code 25b. Raleigh, NC 27603			
		NAME AND ADDRESS OF FUNERAL HOME 26a. Montlawn Funeral Home		NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 26b. Scott Wheeler		LICENSE NUMBER 26c. FD-3843			
		REGISTERER'S SIGNATURE 27. Scott Wheeler		DATE FILED (Month, Day, Year) 28. AUG 01 2013		NAME OF EMBALMER 28d. Scott Sanderford		LICENSE NUMBER 28e. FSL-1402	

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

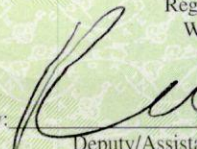
092-550713

Witness my hand and official seal

this the 1 day of Aug 2013

DHHS 3914 (REVISED 5/09) NC VITAL RECORDS

Laura M. Riddick
Register of Deeds
Wake County

By: 
Deputy/Assistant Register of Deeds



Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.