File No (TYPE OR PRINT IN BLACK INK) STATE OF NORTH CAROLINA FILED In The General Court Of Justice Before the Clerk 6 PM 12: 08 IN THE MATTER OF THE ESTATE OF: MAHABHETT CO., C.S.C. **ESTATE TAX CERTIFICATION** (FOR DECEDENTS DYING ON OR AFTER 1/1/99) Decedent's Social Security Number (Last Four Digits) 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: \$1,500,000 (If decedent died on or after 1/1/2004). \$650,000 (If decedent died on or after 1/1/1999). \$2,000,000 (If decedent died on or after 1/1/2006). \$675,000 (If decedent died on or after 1/1/2000). \$3,500,000 (If decedent died on or after 1/1/2009). \$1,000,000 (If decedent died on or after 1/1/2002). 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 Signature Title Of Personal Representative/Fiduciary/Spouse Hamintr Address Of Personal Representative/Fiduciary/Spouse Address Of Personal Representative/Fiduciary/Spouse Signature Of Person Authorized To Administer Oaths Date 12-16-13 Clerk Of Superior Court Deputy CSC Deputy CSC Assistant CSC sistant CSC Clerk Of Superior Cour. Date My Commission Expires Date My Commission Expires Notary Notary County Where Notarized County Where Notarized SEAL 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

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).

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

	SOCIAL SECURITY NUMBER	AGE-Last	Birthday	UNDER 1 YEA		R 1 DAY	DATE OF	BIRTH (Month, D	ey. BIR	THPLACE	(County and State
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					Se. PLAC	E OF DEATH (C	heck only on	: see instructions	on other	r side)	
DECEDENT	ARMED FORCES? (Yes or No. 8.	NO HOSPIT	TAL: D Inpaties	nt ER/Out	petient DOA	OTHER: NU	rsing Home	Residence	Other	(Specify)	OF DEATH
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	RESIDENCE-STATE	COUNTY		CITY, TOV	VN. OR LOCATION		of 5	STREET AND N	UMBER	1	
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	13e. NO 13f.	27540 1						16. dioldie, Melden Sur	пале)	13	
	17. Dalma Carl E					18 Vick	ie Sue	Hicks			Mark of the
	INFORMANTS NAME (Type/A		MAILING ADDRESS (Street and Number or Rural Route City or Town, State, Zip Code)						DATE AMENDED		
	19a Jennifer F.	Mires	X 6	196.1031	7 NC Hwy	42. Hol	ly Spr	ings. NO	275		19c.
	Part I. Enter the diseases, injuries if appropriate, enter tobacc	s, or complication co, alcohol, or dr.	ns that caused thing use. List only	ne deeth. Do not one cause on e	enter the mode of dyl sch line. (PRINT or Tr	ng, such as cardle PE)	c or respirator	y arrest, shock or h	seart failur		Approximate Intervi Between Onset and Death
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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

his the day of

DHHS 3914 (REVISED 5/09) NC VITAL RECORDS

Register of Deeds
Wake County

By:

Deputy/Assistant Register of Deeds

Laura M. Riddick

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.