

REPORT OF DEATH



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

In accordance with Section 67-8-424, Tennessee Code Annotated, the following report of payment or approval of death claim is made:

1. Name of Insured _____ Date of Death _____
2. Residence of Insured _____ County _____
3. Name and address of Beneficiary _____

4. Relation of Beneficiary to Insured _____
5. Policy Number _____ Date of Policy _____
6. Amount of Policy _____ Indebtedness Against Policy _____
7. Amount Actually Paid _____ Date of Payment _____
8. Manner of Payment _____
9. Remarks _____

10. Name of Insurance Company _____

11. Address of Insurance Company _____
