

**TENNESSEE DEPARTMENT OF REVENUE
INHERITANCE TAX RETURN SCHEDULE
TRANSFERS DURING DECEDENT'S LIFE**

**SCHEDULE G
INH
301**



ESTATE OF	DECEDENT'S SOCIAL SECURITY NUMBER
-----------	-----------------------------------

1. Did the decedent make any transfer during life that was more than three (3) years prior to date of death; by trust or otherwise, other than bona fide sales for an adequate and full consideration?
 Yes No

2. If yes, furnish the following information for all such transfers:

2a. Date	2b. Amount or Value	2c. Character of Transfer
----------	---------------------	---------------------------

3. Did the decedent create any trusts during life? Yes No
 If yes, attach copy of trust instrument.

4. Did the decedent make any transfer within three (3) years immediately preceding death? Yes No
 If yes, furnish the following information:

4a. Date	4b. Description of Assets and Transaction	4c. Value of Transfer Less Consideration Furnished	4d. Total Gifts

5. Total Taxable Gifts (use back for worksheet if necessary) _____

6. If a Tennessee Gift Tax Return(s) was filed with respect to any of the items above state the year(s).

7. If Tennessee Gift Tax was paid on a transfer within three (3) years immediately preceding death, furnish the following information.

7a. Period Covered	7b. Payment Date	7c. Total Tax Paid

8. Total (Add Lines 5 and 7c, enter here and also on Page 3, Line 7-G) _____