

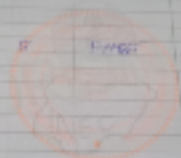


STATE OF MISSISSIPPI DEPARTMENT OF REVENUE

Form No. 100-1 (Rev. 1-1-77)
 Date of Filing: _____
 Taxpayer's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

1. Name of the decedent: _____
 2. Date of death: _____
 3. Date of filing: _____
 4. Name of the executor: _____
 5. Address of the executor: _____
 6. City: _____ State: _____ Zip: _____

SN	ITEM	AMOUNT	DATE	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				



TOTAL PAID NOTES

(Please check box if you have paid notes)

Mississippi State

I, the undersigned, hereby certify that this is a true and correct account of votes cast in this polling unit and that the election was held in accordance with the laws of the State of Mississippi.

