



Affidavit of No Florida Estate Tax Due

DR-312
R. 06/11

Rule 12C-3.008
Florida Administrative Code
Effective 01/12

(This space available for case style of estate probate proceeding)

(For official use only)

State of FLORIDA County of BROWARD

I, the undersigned, GAYE BENGOCHEA, TRUSTEE, do hereby state:

- 1. I am the personal representative as defined in section 198.01 or section 731.201, Florida Statutes, as the case may be, of the estate of EVELYN P. STEVENS
(print name of personal representative)
(print name of decedent)
 - 2. The decedent referenced above died on 05 / 09 / 12, and was domiciled (as defined in s. 198.015, F.S.) at the time of death in the state of FLORIDA
(date of death)
- On date of death, the decedent was (check one): a U.S. citizen not a U.S. citizen
- 3. A federal estate tax return (federal Form 706 or 706-NA) is not required to be filed for the estate.
 - 4. The estate does not owe Florida estate tax pursuant to Chapter 198, F.S.
 - 5. I acknowledge personal liability for distribution in whole or in part of any of the estate by having obtained release of such property from the lien of the Florida estate tax.

Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true. This declaration is based on all information of which the personal representative has any knowledge [ss. 92.525(1)(b); 213.37; 837.06, F.S.]

Executed this 20th day of February, 2013 Signature _____

Print name GAYE BENGOCHEA Telephone number (954) 467-7264

Mailing address 1253 SE 13th TERRACE City/State/ZIP FORT LAUDERDALE, FL 33316

State of FLORIDA County of BROWARD

Sworn to (or affirmed) and subscribed before me by GAYE BENGOCHEA

On this 20th day of February, 2013

Signature of Notary _____

(Check one)

Personally known

Or produced identification
Type of identification produced _____

Print, type, or stamp name of Notary Public _____

File this form with the appropriate clerk of the court. Do not mail to the Florida Department of Revenue.



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State of FLORIDA County of BROWARD

I, the undersigned, GEORGE T. STEVENS, III, do hereby state:

(print name of personal representative)

1. I am the personal representative as defined in section 198.01 or section 731.201, Florida Statutes, as the case may be, of the estate of EVELYN P. STEVENS

(print name of decedent)

2. The decedent referenced above died on 05 / 09 / 12, and was domiciled (as defined in s. 198.015, F.S.) at the time of death in the state of FLORIDA

(date of death)

On date of death, the decedent was (check one): a U.S. citizen not a U.S. citizen

3. A federal estate tax return (federal Form 706 or 706-NA) is not required to be filed for the estate.

4. The estate does not owe Florida estate tax pursuant to Chapter 198, F.S.

5. I acknowledge personal liability for distribution in whole or in part of any of the estate by having obtained release of such property from the lien of the Florida estate tax.

Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true. This declaration is based on all information of which the personal representative has any knowledge [ss. 92.525(1)(b); 213.37; 837.06, F.S.].

Executed this 20th day of February, 2013 Signature _____

Print name GEORGE T. STEVENS, III Telephone number (954) 873-8373

Mailing address 1525 SE 15th STREET, #4 City/State/ZIP FORT LAUDERDALE, FL 33316

State of FLORIDA County of BROWARD

Sworn to (or affirmed) and subscribed before me by GEORGE T. STEVENS, III

On this 20th day of February, 2013

Signature of Notary _____

(Check one)

Personally known

Or produced identification

Type of identification produced _____

Print, type, or stamp name of Notary Public

File this form with the appropriate clerk of the court. Do not mail to the Florida Department of Revenue.