

Alfred & Maurine
Hamilton

2003 - Form 1040



CERTIFIED PUBLIC
ACCOUNTANTS &
FINANCIAL CONSULTANTS

TaxNetUSA: Travis County Property Information

Prop

Owner's Name **HAMILTON MAURINE P TRUST**

Mailing Address ALFRED & MAURINE P HAMILTON
REVOCABLE LIVING TRUST
9902 CHILDRESS DRIVE
AUSTIN, TX 78753-4332

Location 9902 CHILDRESS DR 78753

Legal LOT 1 BLK Q WINDSOR VILLAGE

Property Details

Deed Date
Deed Volume
Deed Page
Exemptions
Freeze Exempt
ARB Protest
Agent Code
Land Acres
Block
Tract or Lot
Docket No.
Abstract Code
Neighborhood Code

Value Information

2006 Preliminary

Land Value	25,000.00
Improvement Value	76,311.00
AG Value	0.00
AG Productivity Value	0.00
Timber Value	0.00
Timber Productivity Value	0.00
Assessed Value	101,311.00
10% Cap Value	0.00
Total Value	101,311.00

D

☐ AGRICULTURAL (1-D-1)

☐ APPOINTMENT OF AGENT FORM

☐ FREEPORT EXEMPTION

☐ PRINTER FRIENDLY REPORT

☐ PROTEST FORM

☐ RELIGIOUS EXEMPTION FORM

(TIFF)

☐ PLAT MAP

Value By Jurisdiction

Entity Code	Entity Name	2005 Tax Rate	Assessed Value
0A	TRAVIS CENTRAL APP DIST	0.000000	101,311.00
01	AUSTIN ISD	1.623000	101,311.00
02	CITY OF AUSTIN	0.443000	101,311.00
03	TRAVIS COUNTY	0.499300	101,311.00
2J	TRAVIS CO HEALTHCARE DIST	0.077900	101,311.00
68	AUSTIN COMM COLL DIST	0.099100	101,311.00

Improvement Information

Improvement ID
202908

State Category
A1

Segment Information

Imp ID	Seg ID	Type Code	Description
202908	235963	1ST	1st Floor
202908	1000234	011	PORCH OPEN 1ST F
202908	1000235	041	GARAGE ATT 1ST F
202908	1000236	095	HVAC RESIDENTIAL

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202908	1000235	041	GARAGE ATT 1ST F
202908	1000236	095	HVAC RESIDENTIAL

202908	1000237	251	BATHROOM
202908	1000238	320	OBS DRIVEWAY
202908	1000239	531	OBS FENCE
202908	1000240	591	MASONRY TRIM SF
202908	1000241	630	PORCH CLOS FIN

Land Information

Land ID	Type Code	SPTB Code	Homesite
239565	LAND	A1	T

Certified Value History

Year	Jur	Entity Name
		2005
2005	0A	TRAVIS CENTRAL APP DIST
2005	01	AUSTIN ISD
2005	02	CITY OF AUSTIN
2005	03	TRAVIS COUNTY
2005	2J	TRAVIS CO HOSPITAL DIST
2005	68	AUSTIN COMM COLL DIST
		2004
2004	0A	TRAVIS CENTRAL APPRAISAL DIS
2004	01	AUSTIN INDEPENDENT SCHOOL DI
2004	02	CITY OF AUSTIN
2004	03	TRAVIS COUNTY (M&O,I&S,SPEC RD &
2004	2J	TRAVIS COUNTY HOSPITAL DIST
2004	68	AUSTIN COMMUNITY COLLEGE DIS
		2003
2003	0A	
2003	01	
2003	02	
2003	03	
2003	68	
		2002
2002	0A	
2002	01	
2002	02	
2002	03	
2002	68	
		2001
2001	0A	
2001	01	
2001	02	
2001	03	
2001	68	
		2000

2000	01
2000	02
2000	03
2000	68

Read "Notice" and "Instructions" on reverse side before completing this form.

Claim For Death Benefits Under Group Life Insurance

submitted to



FORT DEARBORN LIFE
INSURANCE COMPANY

Fort Dearborn Life Insurance Company

(herein called the "Company")

Administrative Office: P.O. Box 655403, Dallas, Texas 75265-5403

Having read and agreed to the notice and instructions printed on the reverse, I make the following statement in support of my claim to all or part of the proceeds, if any are payable, for the policy of insurance identified herein. Such information is submitted with the understanding that the Company may rely thereon, and represent and warrant to the Company that all statements and answers are true, correct, and complete.

Information About the Employee

Policy No. **38000** EMPL ID# _____ SSN **458 - 24 - 4617**
 Employee Name **ALFRED HAMILTON** Employee's Date of Birth **05 / 12 / 1914**
 Maiden Name if a married woman **N/A**
 Employee's Last Day at work or retirement date _____
 Employee's Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Information About the Deceased

Full Name of Deceased **ALFRED HAMILTON** Date of Death **4 / 08 / 2004**
 Deceased was: (Check One) ☐ Active Employee ☒ Retired Employee Sex **M**
☐ Active Dependent ☐ Retiree's Dependent
 Deceased's Soc. Sec. No. **458 - 24 - 4617** Date of Birth **05 / 12 / 1914**
 Last place of employment **HEALTH DEPT. - LUFKIN** Occupation **MD**
 Cause of death **CARDIOVASCULAR DISEASE** If accident give details _____

Information About Claimant

Full Name **MAURINE P. HAMILTON** Your Date of Birth **10 / 02 / 1921**
 Soc. Sec. No. **459 - 20 - 2593**
 What was your relationship to the deceased at time of death **SPOUSE**
 Name of other insurance companies under which you are claiming death benefits: **NONE**

The Claim is Being Made on Behalf of: (Check one) ☒ Myself ☐ The Estate of the Deceased ☐ Other _____
 If not in behalf of yourself, state the interest you represent, and the capacity in which you are acting _____

Amount of benefit claimed \$ **2,500.00**

Claim for Death Benefits Under Group Life Insurance

AGREEMENTS AND AUTHORIZATION:

I, the undersigned claimant, have read and agree that the above statements and answers are furnished in support of my claim for benefits and are complete, true and correctly recorded to the best of my knowledge and belief. I understand that incorrect or untrue answers on this form may result in denial of this claim and may be cause for expulsion from the Texas Employees Group Benefits Program.

I understand and agree that:

- This authorization is voluntary but that my signature is required in order for Fort Dearborn Life Insurance Company (the "Company") to evaluate my claim for benefits;
- If I refuse to sign this authorization, the Company has the right to deny my claim, or that of my dependents, if applicable;
- I may revoke this authorization at any time in writing but that such a revocation will have no effect on any actions taken by the Company prior to receipt of the revocation;
- Information disclosed pursuant to this authorization may be redisclosed and may no longer be protected by the Federal privacy laws;
- I should retain a duplicate copy of this authorization for my own records;
- A photocopy or facsimile of this authorization shall be as valid as the original;
- This authorization shall expire the later of 24 months from the date signed or at the end of any appeal process concerning my claim.

I, as well as any person authorized to act on my behalf or my personal representative, acknowledge the right, upon request, to obtain a true copy of this authorization from the Company.

I authorize any employer, the Employees Retirement System of Texas and any medical professional, hospital, medical facility, medical provider, pharmacy, government agency, insurance carrier, HMO, MCO or any Covered Entity or Health Plan as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to disclose to the Company's claims department or its authorized representative(s) any information relating to the deceased concerning advice, care or treatment, including any claims processed by Blue Cross Blue Shield of Texas, for any health condition, including but not limited to drug or alcohol use or abuse, mental illness, HIV (AIDS Virus) or other sexually transmitted diseases.

I authorize any other person or authority who may have knowledge to provide the Company's claims department or its authorized representative(s) all information and records with regard to any treatment, or conditions of the health of the deceased when such services were rendered or cause of death or other matters pertaining to the payment of the claim.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Witness Signature <u><i>[Signature]</i></u>	Signature of Claimant <u>Maurine P. Hamilton</u>	Date <u>6 / 30 / 04</u>
Print Name <u>DANIEL DAVILA III</u>	Print Name <u>MAURINE P. HAMILTON</u>	
Address <u>7207 MCNEIL DR.</u>	Address <u>9008 EAST DR.</u>	
City, State, ZIP Code <u>Austin, TX. 78729</u>	City, State, ZIP Code <u>Austin, TX. 78753-5112</u>	
Area Code & Telephone No. <u>(512) 258-6637</u>	Area Code & Telephone No. <u>(512) 834-4309</u>	

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I / we have been duly appointed _____ of the estate of the deceased, as evidenced by
(Executor or administrator)
 certificate of appointment herewith, administration having been taken out in the interest of

(Name, address, and relationship of interested relative or creditor)
 and such appointment is still in full force and effect.

NOTE:—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? Yes or No

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
 FILL IN PART E. ALL OTHERS MUST.**

Part E

Have the funeral expenses been paid? _____ If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? _____

Part F

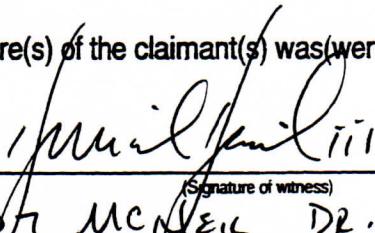
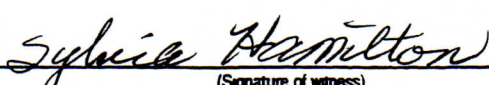
FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection herewith

<u>Maurine P. Hamilton</u> <small>(Signature of claimant)</small>	<u>6-30-04</u> <small>(Date)</small>	_____ <small>(Signature of claimant)</small>	_____ <small>(Date)</small>
<u>9008 EAST DR.</u> <small>(Street address)</small>	_____ <small>(Street address)</small>	_____ <small>(Street address)</small>	
<u>AUSTIN, TX. 78753</u> <small>(City, State, and ZIP code)</small>	_____ <small>(City, State, and ZIP code)</small>	_____ <small>(City, State, and ZIP code)</small>	
<u>(512) 834-4309</u> <small>(Phone number including area code)</small>	_____ <small>(Phone number including area code)</small>	_____ <small>(Phone number including area code)</small>	

Part G**TWO WITNESSES ARE REQUIRED**

We certify that we are well acquainted with the above MAURINE P. HAMILTON and that the
(Name of claimant(s))

signature(s) of the claimant(s) was(were) affixed in our presence.

<u></u> <small>(Signature of witness)</small>	<u></u> <small>(Signature of witness)</small>
<u>7207 MCNEIL DR.</u> <small>(Street address)</small>	<u>9008 EAST DRIVE</u> <small>(Street address)</small>
<u>AUSTIN, TX. 78729</u> <small>(City, State, and ZIP code)</small>	<u>AUSTIN, TEXAS 78753-5112</u> <small>(City, State, and ZIP code)</small>

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

PRIVACY ACT NOTICE

The social security number of the next of kin is solicited pursuant to Executive Order 9397 of 1943. Disclosure of the social security number of the next of kin is voluntary but extremely useful to identify them since their names and addresses may change. As a claimant, you should not disclose the social security number of the next of kin without their prior consent and knowledge that the disclosure is voluntary and will be used only for purposes of identification. The social security number of the next of kin will be used to identify them in connection with their right under this form. The witness' addresses are required solely for verifying the information on this form should such verification be necessary.

CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Alfred		(b) MIDDLE Hamilton		(c) LAST Hamilton	(d) MAIDEN	2. SEX Male	3. DATE OF DEATH April 8, 2004
4. DATE OF BIRTH May 12, 1914		5. AGE (IN YEARS) 89	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Belton, Texas		7. SOCIAL SECURITY NO. 458-24-4617		
8. RACE Caucasian		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (9-12) COLLEGE (13-16, 17+) 17+		12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Maurine Pulkrabek		14a. DECEASED'S USUAL OCCUPATION Physician	
14b. KIND OF BUSINESS OR INDUSTRY Medical		15a. RESIDENCE STREET ADDRESS 9902 Childress Dr.		15b. CITY OR TOWN Austin		15c. COUNTY Travis	
15d. STATE Texas		15e. ZIP CODE 78753-		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. FATHER'S NAME Ruben Hamilton	
17. MOTHER'S MAIDEN NAME Lee Hattley		18. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)		19. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Travis		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin	
21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) North Austin Medical Center		22. INFORMANT — SIGNATURE & RELATIONSHIP Alan Hamilton Son		23. MAILING ADDRESS OF INFORMANT 9902 Childress Dr. Austin, Texas 78753-		24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)	
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Onion Creek Memorial Park		25b. LOCATION (CITY, STATE) Austin, TX		25c. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> 4/9/2004		25d. DATE OF DISPOSITION 4-13-2004	
26. NAME & ADDRESS OF FUNERAL HOME All Faiths Funeral Service-North		27. NAME & ADDRESS OF FUNERAL HOME 8507 North IH 35		28. CITY, STATE, ZIP CODE Austin, Texas 78753-		29. NAME & ADDRESS OF FUNERAL HOME All Faiths Funeral Service-North	
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE		31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> Deputy Medical Examiner		32. DATE SIGNED 04 12 2004		33. TIME OF DEATH 11:14 P.M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER Vladimir Parungao, M.D. P.O. Box 1748 Austin, TX 78767		35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Cardiovascular Disease DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. DUE TO (OR AS A LIKELY CONSEQUENCE OF):		36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED		42a. REGISTRAR FILE NO. 02-01258		42b. DATE RECEIVED BY LOCAL REGISTRAR APR 13 2004	
42c. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>		42d. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>		42e. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>		42f. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

S260151

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

APR 14 2004

Raguel Moreno
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

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8. RACE Caucasian		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 17+		12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Maurine Pulkrabek		14. DECEASED'S USUAL OCCUPATION Physician	
15a. RESIDENCE STREET ADDRESS 9902 Childress Dr.		15b. CITY OR TOWN Austin		15c. COUNTY Travis		15d. STATE Texas	
15e. ZIP CODE 78753-		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. FATHER'S NAME Ruben Hamilton		17. MOTHER'S MAIDEN NAME Lee Hattley	
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)							
19. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Travis		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) North Austin Medical Center			
22. INFORMANT — SIGNATURE & RELATIONSHIP Alan Hamilton Son				23. MAILING ADDRESS OF INFORMANT 9902 Childress Dr. Austin, Texas 78753-			
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Union Creek Memorial Park		25b. SECTION Block		29. NAME & ADDRESS OF FUNERAL HOME All Faiths Funeral Service-North	
26. LOCATION (CITY, STATE) Austin, TX		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> 4/9/2004		28. DATE OF DISPOSITION 4-13-2004		29. NAME & ADDRESS OF FUNERAL HOME 8507 North IH 35 Austin, Texas 78753-	
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE							
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> , Deputy Medical Examiner				32. DATE SIGNED MO 04 DAY 12 YEAR 2004		33. TIME OF DEATH 11:14 P.M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER Vladimir Parungao, M.D. P.O. Box 1748 Austin, TX 78767							
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Cardiovascular Disease DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. Approximate Interval Between Onset and Death YEARS							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)							
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		39b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
41d. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41e. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02-01258		42b. DATE RECEIVED BY LOCAL REGISTRAR APR 13 2004		42c. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

S260149

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ISSUED

APR 14 2004

Raguel Moreno
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Estimate of Survivor Benefits

The attached notice contains important information you will need before you decide how to receive the taxable portion of this payment from the Employees Retirement System of Texas (ERS) or the Judicial Retirement System of Texas Plan Two (JRS II), herein after called the "PLAN". Special tax rules apply to this payment.

DESCRIPTION OF PAYMENT

The payment or payments checked below will be paid upon submission of a valid claim.

- ☒ **A Retiree Lump Sum Death Benefit.**
- ☐ **A refund of contributions.**
- ☐ **An additional death benefit equal to 5% of the refund for each full year of service. Payable only if the member was actively employed, on paid leave, or receiving Workers Compensation for a work related injury at the time of death, or for disability retirees who retired before September 1, 1991.**

BENEFIT CALCULATION

Lump Sum Death Benefit: (+)		\$ 5,000.00
Estimated Account Balance: (+)		\$ n/a
Estimated Additional Death Benefit: (+)		\$ n/a
Total Estimated Benefit Amount:		\$ 5,000.00
Non-Taxable Amount: (-)	\$ n/a	
Required Minimum Distribution:	\$ 632.91	
Portion Applied to Non-Taxable Amount:	\$ n/a	
Portion Applied to Taxable Amount: (-)	\$ n/a	
TOTAL AMOUNT NOT ELIGIBLE FOR ROLLOVER: (-)		\$ 632.91
(Payable to you if you roll over eligible amount)		
TOTAL AMOUNT ELIGIBLE FOR ROLLOVER:		\$ 4,367.09
(Delivered to your Financial Institution for Deposit)		
Federal Tax (If you do not roll over eligible amount): (-)		\$ 936.71
AMOUNT PAYABLE TO YOU IF YOU DO NOT ROLLOVER ELIGIBLE AMOUNT:		\$ 4,063.29

This payment is taxable income and will be reported to the Internal Revenue Service. You will receive a 1099-R next January. You may wish to consult a tax adviser regarding this matter.



Employees Retirement System of Texas
P.O. Box 13207, Austin, Texas 78711-3207
(512) 867-7711 or (877) 275-4377 (toll-free)



CLAIM FOR DEATH BENEFIT BY SURVIVING SPOUSE

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

As the surviving spouse of Alfred Hamilton

Social Security Number 458-24-4617-S, I hereby make application for the benefit or benefits indicated below:

 A refund of the accumulated contributions.

 X Lump Sum Death Benefit.

 Additional Death Benefit.

CHECK ONLY ONE SELECTION. FAILURE TO MAKE A PROPER SELECTION WILL DISQUALIFY YOUR APPLICATION.

SELECTION 1 ☒

I do not wish to rollover the taxable portion of my account.

I understand that 20% withholding will be deducted and reported to IRS. I also understand that any non-taxable contributions will be refunded to me and are not subject to tax withholding.

SELECTION 2 ☐

I wish to have the taxable portion of the account rolled over to an Individual Retirement Account (IRA), in the proportion indicated below. I understand that the payment will be made in the name of the custodian for my new IRA for my benefit and mailed to me for delivery. If I elect to roll over less than 100% of the taxable amount, I understand that 20% tax will be deducted from the remaining balance. I also understand that any non-taxable contributions will be refunded to me and are not subject to tax withholding.

 % of the taxable amount to be rolled over.

IRA Custodian Name

 DO NOT WITHHOLD TAXES FROM THE REQUIRED MINIMUM DISTRIBUTION.

CLAIMANT'S INFORMATION

Claimant's Signature Maurine P. Hamilton

Claimant's Social Security Number 458-20-2593

Mailing Address 9008 EAST DR.

City AUSTIN

State TX. Zip Code 78753-

5112

NOTARY

STATE OF TEXAS

COUNTY OF TRAVIS

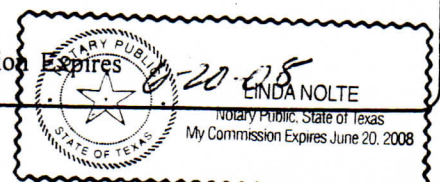
This instrument was acknowledged and subscribed before me on this 1st Day of JULY, 2004
Month Year

BY LINDA NOLTE

Signature of Notary Linda Nolte

Printed or Typed Name of Notary LINDA NOLTE

Notary Commission Expires 8-20-08
LINDA NOLTE



CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME OF DECEASED (a) FIRST Alfred		(b) MIDDLE Hamilton		(c) LAST Hamilton	(d) MIDDLE Male	2 SEX Male	3 DATE OF DEATH April 8, 2004
4 DATE OF BIRTH May 12, 1914	5 AGE 89	6 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Belton, Texas	7 SOCIAL SECURITY NO. 458-24-4617				
8 RACE Caucasian	9a WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) US BORN	10 WAS DECEASED EVER IN U.S. ARMY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEMENTARY OR SECONDARY (10, 12) COLLEGE (13, 16, 17)) 17+			
12 MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	13 SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Maurine Pulkrabek		14 DECEASED'S USUAL OCCUPATION Physician	15a 20th CODE 78753-	15b INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
15a RESIDENCE STREET ADDRESS 9902 Childress Dr.		15b COUNTY Travis		15c STATE Texas			
16 FATHER'S NAME Ruben Hamilton		17 MOTHER'S MARRIAGE NAME Lee Hatley					
HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA		18 PLACE OF DEATH (CHECK ONLY ONE) Travis		19 CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin		20 NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) North Austin Medical Center	
21 INFORMANT - SIGNATURE & RELATIONSHIP Alan Hamilton Son		22 MAILING ADDRESS OF INFORMANT 9902 Childress Dr. Austin, Texas 78753.					
24 METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a PLACE OF DISPOSITION NAME OF CEMETERY, CITY, COUNTY, STATE Ontio Creek Memorial Park Austin, TX		25b Section Unknown	29 NAME & ADDRESS OF FUNERAL HOME All Faiths Funeral Service-North Austin, Texas 78753.		
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.		31 SIGNATURE & TITLE OF CERTIFIER [Signature] Deputy Medical Examiner		32 DATE SIGNED 04 12 2004	33 TIME OF DEATH 11:14 P.M.		
34 PRINTED NAME & ADDRESS OF CERTIFIER Vladimir Parungao, M.D. P.O. Box 1748 Austin, TX 78767							
35. PART 1 ENTER THE DISEASE, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Atherosclerotic Cardiovascular Disease		APPROXIMATE MONTH AND YEAR OF DEATH YEARS					
IMMEDIATE CAUSE (Final disease or condition leading to death) Atherosclerotic Cardiovascular Disease		DUE TO (OR AS A LIKELY CONSEQUENCE OF) Due to (OR AS A LIKELY CONSEQUENCE OF)					
Separately list conditions, if any, which contributed to the death, such as: UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A LIKELY CONSEQUENCE OF) Due to (OR AS A LIKELY CONSEQUENCE OF)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)		36a AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
37 DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		38 DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		39 WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		40 UNK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a DATE OF INJURY 41b TIME OF INJURY		41c INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41b LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41i DESCRIBE HOW INJURY OCCURRED					
42a REGISTRAR FILE NO. 02-01258		42b DATE RECEIVED BY LOCAL REGISTRAR APR 13 2004		42c SIGNATURE OF LOCAL REGISTRAR Roguel Moreno			

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

Texas Department of Health - Bureau of Vital Statistics

S260150

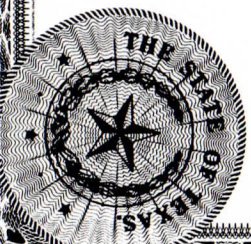
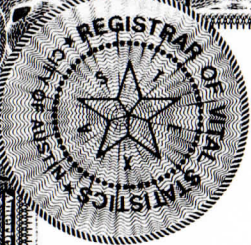
This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

APR 14 2004

Roguel Moreno
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

IRS e-file It's Convenient, Safe, and Secure

IRS e-file is the IRS's electronic filing program. Now you can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You will receive an electronic acknowledgment or confirmation number once you complete the transaction. Keep it with your records. **Do not** send in Form 4868 if you file electronically.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you will need to estimate your total tax liability and subtract how much you have already paid (lines 4, 5, and 6 below).

If you think you may owe tax and wish to make a payment, you may pay by electronic funds withdrawal using option 1 or 2 below or you may pay by credit card using option 3.

1 E-file by Phone -- February 2-April 15

Call toll free 1-888-796-1074

Anyone who filed a tax return for 2002 can file Form 4868 by phone. The telephone system will accept extensions any time from February 2 through April 15, 2004, and your extension will be good through August 16, 2004. Filing by telephone is advantageous because it is free and you get a confirmation number.

If you wish to make a payment by electronic funds withdrawal, you will be asked for the adjusted gross income (AGI) from your 2002 tax return. Your AGI for that year is located on line 35 of your Form 1040; line 21 of your 1040A; line 4 of your 1040 EZ; line 34 of your 1040NR; line 10 of your 1040NR-EZ; or line 1 of your TeleFile Tax Record. If you choose, you may also file your extension by phone and mail a payment to the address shown in the instructions.

2 E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of last year's tax return -- you will be asked to provide information from the return for taxpayer

verification. If you wish to make a payment, you can pay by electronic funds withdrawal (see instructions) or send your payment to the address shown in the instructions.

3 E-file and Pay by Credit Card

You can get an extension if you pay part or all of your estimate of income tax due by using a credit card (American Express^(R) Card, Discover^(R) Card or MasterCard^(R) card, or Visa^(R) card). Your payment must be at least \$1. You may pay by phone or over the Internet through one of the service providers listed below.

Each service provider will charge a convenience fee based on the amount of the tax payment you are making. Fees may vary between service providers. You will be told what the fee is during the transaction and will have the option to continue or cancel the transaction. You may also obtain the convenience fee by calling the providers' toll-free automated customer service numbers or visiting their websites. Do not add the convenience fee to your tax payment.

Link2Gov Corporation
1-888-PAY-1040 SM
(1-888-729-1040)
1-888-658-5465 (Customer
Service)
www.PAY1040.com

Official Payments Corporation
1-800-2PAY-TAX SM
(1-800-272-9829)
1-877-754-4413 (Customer
Service)
www.officialpayments.com

Form 709 or 709-A. Although an extension of time to file your income tax return also extends the time to file Form 709 or 709-A, you cannot make payments of the gift or GST tax with a credit card. To make a payment of the gift or GST tax, send a check or money order to the Internal Revenue Service Center where the donor's gift tax return will be filed. Enter "2003 Form 709" and the donor's name and social security number on the payment.

File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown in the instructions.

▼ DETACH HERE ▼

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2003, or other tax year beg. , 2003, end. ,

Part I Identification		Part III Individual Income Tax	
1 Your name(s) (see instructions) ALFRED AND MAURINE P HAMILTON		4 Estimate of total tax liability for 2003 \$ 35,780	
Address (see instructions) 9902 CHILDRESS DR		5 Total 2003 payments 35,780	
City, town or post office, state, and ZIP code AUSTIN TX 78753-4332		6 Balance due. Subtract 5 from 4 0	
2 Your social security number 458-24-4617	3 Spouse's social security no. 459-20-2593	Part IV Gift/GST Tax -- If you are not filing a gift or GST tax return, go to Part V now. See the instructions.	
Part II Complete ONLY If Filing Gift/GST Tax Return		7 Your gift or GST tax payment \$ 0	
Caution: Only for gift/GST tax extension! Checking box(es) may result in correspondence if Form 709 or 709-A is not filed. This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Enter your gift or GST tax payment(s) in Part IV and: If you are requesting a Gift or GST tax return extension, check this box <input type="checkbox"/> If your spouse is requesting a Gift or GST tax return extension, check this box <input type="checkbox"/>		8 Your spouse's gift/GST tax payment 0	
		Part V Total	
		9 Total liability. Add lines 6, 7, and 8 \$ 0	
		10 Amount you are paying 0	
		Confirmation Number	
		If you file electronically, you will receive a confirmation number telling you that your Form 4868 has been accepted. Enter the confirmation number here and keep it for your records	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **4868** (2003)

2002 Federal Depreciation Schedule

03847 HAMILTON, ALFRED

04-10-2004

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 4835, Multiple #1										
IMPROVEMENTS	06-10-90	150DBHY	7	1,649	0	0	0	1,649	1,649	0
WELL	01-04-90	150DBHY	7	2,891	0	0	0	2,891	2,891	0
2 Assets			Totals:	4,540	0	0	0	4,540	4,540	0
Schedule E, Multiple #1, Property A										
CHILDRESS	02-01-90	S/LMM	27.5	36,490	0	0	0	36,490	15,758	1,327
LAND	02-01-90	S/L	0	6,375	0	0	0	6,375	0	0
2 Assets			Totals:	42,865	0	0	0	42,865	15,758	1,327
4 Assets			Grand Totals:	47,405	0	0	0	47,405	20,298	1,327


* Asset disposed this year


~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

458-24-4617
COL. ALFRED HAMILTON, RET. 09-95
MAURINE P. HAMILTON
 500 CR 329
 YOAKUM, TX 77995

8-222/1149
1617513
233
 DATE **7-15-04**

PAY TO THE ORDER OF **UNITED STATES Treasury** **\$ 8358⁰⁰**
Eight thousand three hundred fifty eight & 00/100 DOLLARS  Security Features Included. Details on Back.

 **Yoakum**
 National Bank
 Yoakum, Texas 77995

INVESTMENT MONEY MARKET FUND

MEMO **2004 Form 1040-ES** **Maurine P. Hamilton** **MP**

⑆114902227⑆ 161 751 3⑈ 0233

Form **1040-ES**
 Department of the Treasury
 Internal Revenue Service

2004 Payment Voucher 2

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2004

Amount of estimated tax you are paying
 by check or
 money order.

\$ 8358.

Type or print	Your first name and initial	Your last name	Your social security number
	ALFRED	HAMILTON	458-24-4617
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	MAURINE P.	HAMILTON	459-20-2593
Address (number, street, and apt. no.) 9008 EAST DR.			
City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) AUSTIN, TX 78753-5112			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us e right amount of tax.

You are not required to provide information on a form that is subject to the unless the form displays a valid or records relating to a form or retained as long as their content administration of any Internal Revenue Code section.

The time needed to complete depending on individual circumstances is 12 minutes. If you have completed this time estimate or suggestion simpler, we would be happy to help. Instructions for Form 1040.

458-24-4617		8-222/1149 1617513	232
COL. ALFRED HAMILTON, RET. 09-95		DATE 7-15-04	
MAURINE P. HAMILTON 500 CR 329 YOAKUM, TX 77995			
PAY TO THE ORDER OF UNITED STATES TREASURY		\$ 15,799	
Fifteen thousand seven hundred ninety nine & 00/100		DOLLARS	
Yoakum National Bank Yoakum, Texas 77995		INVESTMENT MONEY MARKET FUND	
MEMO 2003 1040 BALANCE		MP	
1 1 1 4 9 0 2 2 2 7 1 6 1 7 5 1 3 0 2 3 2			

Form 1040-V (2003)

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074

2003

1 Your social security number (SSN) 458 24 4617	2 If a joint return, SSN shown second on your return 459 20 2593	3 Amount you are paying by check or money order Dollars 15799	Cents
4 Your first name and initial ALFRED		Last name HAMILTON	
If a joint return, spouse's first name and initial MAURINE P.		Last name HAMILTON	
Home address (number and street) 9008 EAST DR.			Apt. no.
City, town or post office, state, and ZIP code AUSTIN, TX 78753-5112			

LHA

Davila, Buschhorn & Associates, P.C.
7207 McNeil Dr.
Austin, Texas 78729-7610
512-258-6637 / 512-258-7699 Fax

July 12, 2004

Maurine P. Hamilton
9008 East Dr.
Austin, TX 78753-5112

Dear Maurine:

Enclosed are your 2003 income tax return and 2004 estimated tax vouchers. The return should be signed and dated by you.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

Mail your return on or before August 15, 2004.

CK. NO. 232

Mail to - Internal Revenue Service Center
P.O. Box 660308
Dallas, TX 75266-0308

Pd. 7-15-04

Enclose your check for \$15799, payable to the United States Treasury. Include your social security number, daytime phone number and the words "2003 Form 1040" on your check.

Also enclose Form 1040-V. Do not attach Form 1040-V or your payment to your return or to each other. Please leave Form 1040-V and your payment loose in the envelope.

Your income tax return includes a penalty for underpayment of estimated tax from Form 2210 of \$9, a late payment penalty of \$305 and late payment interest of \$256.

FEDERAL ESTIMATED TAX VOUCHERS:

Separately mail voucher 2 of Form 1040-ES as soon as possible.

5-Year Comparison Worksheet

2003

Name(s) as shown on return

Social security number

ALFRED & MAURINE P. HAMILTON

458-24-4617

2002 Filing Status **MARRIED FILING JOINT**

2003 Filing Status **MARRIED FILING JOINT**

2002 Tax Bracket **28.0%**

2003 Tax Bracket **33.0%**

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	5556.	2034.	-3522.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	63311.	63311.
TAXABLE IRA DISTRIBUTIONS	0.	3423.	3423.
TAXABLE PENSIONS AND ANNUITIES	116850.	133790.	16940.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-1881.	-1624.	257.
TAXABLE SOCIAL SECURITY BENEFITS	27642.	28033.	391.
OTHER INCOME	-4118.	-4118.	
TOTAL INCOME	144049.	224849.	80800.
ADJUSTED GROSS INCOME	144049.	224849.	80800.
STANDARD DEDUCTION	9650.	11400.	1750.
INCOME BEFORE EXEMPTIONS	134399.	213449.	79050.
PERSONAL EXEMPTIONS	6000.	5246.	-754.
TAXABLE INCOME	128399.	208203.	79804.
TAX	28930.	44280.	15350.
TAX BEFORE CREDITS	28930.	44280.	15350.
TAX AFTER NON-REFUNDABLE CREDITS	28930.	44280.	15350.
TOTAL TAX	28930.	44280.	15350.
FEDERAL INCOME TAX WITHHELD	11100.	10471.	-629.
ESTIMATED TAX PAYMENTS	24680.	18580.	-6100.
TOTAL PAYMENTS	35780.	29051.	-6729.
TAX OVERPAID	6850.	0.	-6850.
AMOUNT REFUNDED	2390.	0.	-2390.
OVERPAYMENT APPLIED TO ESTIMATE	4460.	0.	-4460.
FORM 2210/2210F (EST. TAX PENALTY)	0.	9.	9.
BALANCE DUE (INCLUDING 2210/2210F)	0.	15238.	15238.
LATE PAYMENT/LATE FILING PEN. & INT.	0.	561.	561.
TOTAL DUE AFTER PENALTY & INTEREST	0.	15799.	15799.

2004 Estimated Tax Worksheet (keep for your records)

1	Adjusted gross income you expect in 2004 (see instructions)	1	161538.
2	<ul style="list-style-type: none"> If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$142,700 (\$71,350 if married filing separately), your deduction may be reduced. See Pub. 505 for details. If you do not plan to itemize deductions, enter your standard deduction from page 2. 	2	11600.
3	Subtract line 2 from line 1	3	149938.
4	Exemptions. Multiply \$3,100 by the number of personal exemptions. If you can be claimed as a dependent on another person's 2004 return, your personal exemption is not allowed. Caution: See Pub. 505 to figure the amount to enter if line 1 above is over: \$214,050 if married filing jointly or qualifying widow(er); \$178,350 if head of household; \$142,700 if single; or \$107,025 if married filing separately	4	6200.
5	Subtract line 4 from line 3	5	143738.
6	Tax. Figure your tax on the amount on line 5 by using the 2004 Tax Rate Schedules on page 2. Caution: If you have qualified dividends or a net capital gain, see Pub. 505 to figure the tax	6	30204.
7	Alternative minimum tax from Form 6251	7	
8	Add lines 6 and 7. Also include any tax from Forms 4972 and 8814 and any recapture of education credits (see instructions)	8	30204.
9	Credits (see instructions). Do not include any income tax withholding on this line	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	30204.
11	Self-employment tax. Estimate of 2004 net earnings from self-employment \$; if \$87,900 or less, multiply the amount by 15.3%; if more than \$87,900, multiply the amount by 2.9%, add \$10,899.60 to the result, and enter the total. Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the amount to enter	11	
12	Other taxes (see instructions)	12	
13a	Add lines 10 through 12	13a	30204.
	b Earned income credit, additional child tax credit, and credits from Form 4136 and Form 8885	13b	
	c Total 2004 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-	13c	30204.
14a	Multiply line 13c by 90% (66 2/3% for farmers and fishermen)	14a	27184.
	b Enter the tax shown on your 2003 tax return (110% of that amount if you are not a farmer or fisherman and the adjusted gross income shown on line 35 of that return is more than \$150,000 or, if married filing separately for 2004, more than \$75,000)	14b	48708.
	c Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For details, see Pub. 505.	14c	27184.
15	Income tax withheld and estimated to be withheld during 2004 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	10471.
16	Subtract line 15 from line 14c. (Note: If zero or less or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.) ADJUSTED TO:	16	16716.
17	If the first payment you are required to make is due April 15, 2004, enter 1/4 of line 16 (minus any 2003 overpayment that you are applying to this installment) here, and on your payment voucher(s) if you are paying by check or money order. (Note: Household employers, see instructions.)	17	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

YOAKUM COMMUNITY HOSPITAL
1200 CARL RAMERT DR.
YOAKUM, TX

88-1792
1149

CHECK DATE
4/15/04

CHECK NUMBER
66547

FIRST STATE BANK
406 WEST GRAND
YOAKUM, TX 77995

77995

PAY THIS AMOUNT

*****840.00

PAY
EXACTLY

*****EIGHT HUNDRED FORTY DOLLARS AND NO CENTS

PAY
TO
THE
ORDER
OF

ALFRED HAMILTON
580 CITY ROAD 329

YOAKUM, TX

77995

Karen Dymovsky
Robert R. Hamilton

⑈066547⑈ ⑆114917924⑆ 35⑈760⑈8⑈



909 North Washington Street
Alexandria, VA 22314
1-800-776-2322 • www.afba.com

65-270
550

CHECK
NUMBER

117201

DATE	CHECK NO.	AMOUNT
4/23/04	117201	****1,000.00

Pay
to the
order of

MAURINE P. HAMILTON

ONE THOUSAND AND 00/100 DOLLARS

Under GT Policy # 010100-250812
On the life of ALFRED HAMILTON

SUNTRUST BANK

AFBA, The 5 Star Association

Bobby R. Johnson
AUTHORIZED SIGNATURE

⑈117201⑈ ⑆055002707⑆ 202736016⑈

TRANSMISSION VERIFICATION REPORT

TIME : 05/06/2004 00:32
NAME : STAR CHECK CASHING
FAX : 15127193778
TEL : 15127193778

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

05/06 00:31
8736390
00:00:26
01
OK
STANDARD
ECM

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2859
Date: June 25, 2004
Claim Number: 458-24-4617D2

0621 MCS,PC6,I,KA,T090,058,077

000012576 02 MB 0.534

MAURINE P HAMILTON
9008 EAST DRIVE
AUSTIN, TX 78753-5112

|||||

You are entitled to monthly widow's benefits beginning April 2004.

What We Will Pay And When

Your benefit is \$863.30 as a widow. This is in addition to the benefit of \$971.80 on your own earnings record.

- You will receive **\$1,726.00** around July 1, 2004.
- This is the money you are due for April 2004 and May 2004.

Your Benefits

In your next payment, you will receive the difference between the benefits already paid and those now due.

We will send you both benefits in one check each month under your own claim number.

Work And Earnings Affect Payments

The monthly earnings test applies only to 1 year. That year is the first year a beneficiary has a non-work month after entitlement to Social Security benefits. Our records show that you had or will have at least one non-work month in 1987. If you ever go to work, we will pay benefits for each year based on your work and earnings for that year.

Enclosure(s):
Pub 05-10077
Pub 05-10058



Information About Medicare

This letter does not affect your Medicare benefits.

Other Social Security Benefits

The benefits described in this letter are the only ones you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Do You Disagree With The Decision?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

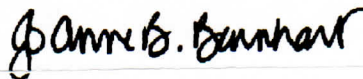
If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-512-916-5404. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 102
903 SAN JACINTO BLVD
AUSTIN, TX 78701

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



Jo Anne B. Barnhart
Commissioner
of Social Security



Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2859
Date: June 25, 2004
Claim Number: 458-24-4617G1

0621 MCS,PC6,I,KA,T090,058

MAURINE P HAMILTON
9008 EAST DRIVE
AUSTIN, TX 78753-5112

000012575 01 MB 0.309



You are entitled to a Social Security payment of **\$255.00** because of the death of **ALFRED HAMILTON**. You will receive the payment around **July 1, 2004**.

Other Social Security Benefits

We checked to see if you could receive any other Social Security benefit on **ALFRED HAMILTON**'s record. We found that the benefit we are paying you now is the only one you can receive. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Do You Disagree With The Decision?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

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Enclosure(s):
Pub 05-10058



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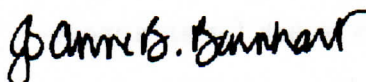
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If You Have Any Questions

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SOCIAL SECURITY
SUITE 102
903 SAN JACINTO BLVD
AUSTIN, TX 78701

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



Jo Anne B. Barnhart
Commissioner
of Social Security

ALFRED HAMILTON 3-91
MAURINE P. HAMILTON
580 COUNTY RD. NO. 329
YOAKUM, TX 77995

2062

Date 6-30-04

35-2/1130 TX
4082

Pay to the
order of

ERS
Employees Retirement System of Texas \$ *3,783.44*
Three thousand seven hundred eighty three ^{*44*}/_{*100*} *Dollars*

Bank of America.



ACH R/T 111000025

For *MAY 04 Reimbursement*
TO ERS

Maurine P. Hamilton

MP

⑆ 113000023⑆ 008935839725⑈ 2062

Bank of America



July 12, 2004

MAURINE P HAMILTON
9008 EAST DR
AUSTIN TX 78753

Bank of America
Military Bank
1422 East Grayson
PO Box 8000
San Antonio, TX 78208-8000

Tel 210.978.5000

Dear Mrs. Hamilton:

A recent Notice of Reclamation advised us of the death on April 8, 2004, of your husband, Alfred Hamilton. We extend our belated sympathy to you and to all members of the family.

Please provide us a certified copy of the death certificate for our records.

The account relationship with us is held in the name of the Alfred and Maurine P. Hamilton Trust established under an instrument dated December 13, 1996, with you and your husband as trustees. You may continue using the account and any checks you have. We do recommend the account be restyled to remove the name of the deceased as trustee. You may keep the same account number. Please return the signed and completed card in the postage paid envelope provided.

Pay Regulation require us to return to the issuing agency any benefit payments received after a person's death. Accordingly, we have returned the Military Retirement payments for \$5,329.70, each which were received for credit for May and June 2004. A copy of the reclamation notice is enclosed for your information.

If we may be of further assistance, please feel free to contact Gloria Esparza at 1.800.334.1920 extension 5238.

Sincerely,

Sharon Gilbert
Banking Officer
Special Accounts

Encl



2000-2004
US Olympic Teams

Recycled Paper

DIRECT DEPOSIT

**ELECTRONIC FUNDS TRANSFER
FEDERAL RECURRING PAYMENTS**

NOTICE OF RECLAMATION

FROM:

DEFENSE FINANCE AND ACCOUNTING
SERVICE-CLEVELAND CENTER
P.O. BOX 998017
CLEVELAND, OH 44199-8017

DATE: 20040624

X14F01

RECIPIENT AND/OR BENEFICIARY NAME

HAMILTON ALFRED

CLAIM NUMBER

458-24-4617

DATE OF DEATH

20040408

DATE OF PAYMENT	AGENCY AND/OR TYPE OF PAYMENT	TRACE NUMBER	TYPE OF ACCOUNT	DEPOSITOR ACCOUNT NUMBER	AMOUNT
20040503	USAF RET	041036000390440	C	583-819-8	5329.70
20040601	USAF RET	041036000390561	C	583-819-8	5329.70

AMOUNT OF PAYMENTS RECEIVED
WITHIN 45 DAYS

OUTSTANDING TOTAL 10659.40

NOTICE TO ACCOUNT OWNERS FROM THE GOVERNMENT

The Government has received information that that the person named on this notice is deceased. The purpose of this notice is to inform you that by law entitlement to Government benefits for this person ended at death. Therefore, the Government must recover all payments made after the date of death. If there has been an error and this person is not deceased, or if the date of death is wrong, this notice explains how to correct the mistake. If you do not understand this notice, please get help from either your financial institution or the Government agency that was making payments.

PAYMENTS TO THIS PERSON HAVE BEEN STOPPED

Your financial institution has been asked to return the payments shown on this notice to the Government because they were issued in error. The Government has asked your financial institution to send this notice to you, the account owner. Your financial institution must notify you if it has taken action to recover these funds from the account. Contact your financial institution immediately if you do not understand its actions. If the Government is unable to collect from the financial institution the full amount of the payments made after death, you may be contacted by the agency which made the payments.

IF THE PERSON IS NOT DECEASED

If the person is not deceased, immediately contact both your financial institution and the agency that made the payments to correct the error. The Government regrets any inconvenience this error may cause. Your financial institution can correct the collection action if it is given satisfactory proof that the person is alive. NOTE: YOU MUST CONTACT THE AGENCY THAT MADE THE PAYMENTS BECAUSE THIS ERROR HAS STOPPED FURTHER PAYMENTS. ONLY THE AGENCY CAN RESTART THE PAYMENTS.

IF THE DATE OF DEATH IS WRONG

If the date of death shown is wrong, immediately show your financial institution a copy of the death certificate which will permit it to make any needed adjustment to the amount it must return to the Government. If it is inconvenient to go to the financial institution, bring this notice and a death certificate to the agency that made the payments so correction may be made. The agency that made the payments is shown using these abbreviations:

SOCIAL SECURITY ADMINISTRATION: RSI-SSA; DIB-SSA; RSI-SSI

DEPARTMENT OF VETERANS AFFAIRS: VA

OFFICE OF PERSONNEL MANAGEMENT: OPM

RAILROAD RETIREMENT BOARD: RRB

OTHER AGENCY ABBREVIATIONS: AF RET PAY; ARMY RET; ARMY BEN;

MarCorRet; MarCorAnn; NAVYRET; NAVY ANN; CIADSANNU

SURVIVOR BENEFITS

Persons related to the deceased may qualify for survivor payments. Survivors should contact the agency that made payments to determine whether they are eligible.

NOTICE FOR FINANCIAL INSTITUTION ONLY

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT

By authority of 5 USC 301, 12 USC 391, and Title 31, Code of Federal Regulations, Part 210, the information requested on these forms is mandatory in order for Treasury to recover from your organization one or more Electronic Funds Transfer payments which the recipient or beneficiary named was not entitled to receive. Failure to provide all the required information and to return an amount equal to the amount in the account (up to the total being reclaimed) before the deadline may cause Treasury to contact your Federal Reserve bank to automatically debit your account (or that of your correspondent).

Burden Estimate Statement

The estimated average time (burden hours) associated with filling out this paper-work is 12 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden associated with the time spent collecting this information should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, 3361-L 75th Avenue, Landover, MD 20785 and the Office of Management and Budget, Paperwork Reduction Project (1510-0043), Washington, DC 20503. **THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.**



DEFENSE FINANCE AND ACCOUNTING SERVICE
RETIRED AND ANNUITY PAY

In Reply Refer To:
458-24-4617 - 205
HAMILTON ALFRED
June 24, 2004

MRS. ALFRED HAMILTON
9008 EAST DRIVE
AUSTIN, TX 78753-5112

Dear Mrs. Hamilton:

We at the Defense Finance and Accounting Service - Cleveland Center are sincerely sorry to learn of the death of your husband.

We would like to extend our sympathy to you. We realize that this is a difficult adjustment period, and wish to offer our assistance.

We are reluctant to request your attention to details of business at this time. However, in your own best interests, there are procedures which should be started as quickly as possible.

A "Claim for Unpaid Compensation" (Form SF 1174) is enclosed for your use in applying for any unpaid Retired Pay due on the date of your husband's death. Normally, such amounts involve a partial month's retired pay. The form should be completed and returned to this Center along with a copy of the Death Certificate. If you have already completed and returned the SF1174, you may disregard the one enclosed with this letter.

You may be entitled to benefits from other agencies of the federal government. For example, you may be entitled to receive Dependency and Indemnity Compensation from the Department of Veterans Affairs. Therefore, we recommend you contact the Regional Office of the Department of Veterans Affairs or call 1-800-827-1000. Also, we urge you to contact the Social Security Administration office nearest your home.

458-24-4617 - 205

HAMILTON ALFRED

June 24, 2004

Your husband's Retired Pay was being sent directly to his account via the Direct Deposit system. This Center will recover any Retired Pay sent after the date of death directly from the bank, in accordance with U.S. Treasury Department procedures. Do not send any monies to this Center yourself, unless you are specifically requested to do so at a later time by this Center.

Our records indicate that no allotments were being deducted from your husband's Retired Pay at the time of his death.

If you have any questions, please call:

1-(800)-321-1080 (only from within the Continental U.S.,
including Alaska, Hawaii and Ohio)
1-(216)-522-5955 (from anywhere 7:00 a.m. to 7:30 p.m.
Eastern time)

Or write:

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

Sincerely,

Retired and Annuity Pay

Enclosure(s):

(1) Return Envelope

(2) Claim for Unpaid Compensation (SF 1174)

458-24-4617 - 205

HAMILTON ALFRED

June 24, 2004

Your father's Retired Pay was being sent directly to his account via the Direct Deposit system. This Center will recover any Retired Pay sent after the date of death directly from the bank, in accordance with U.S. Treasury Department procedures. Do not send any monies to this Center yourself, unless you are specifically requested to do so at a later time by this Center.

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US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

Sincerely,

Retired and Annuity Pay

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(1) Return Envelope

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DEFENSE FINANCE AND ACCOUNTING SERVICE
RETIRED AND ANNUITY PAY

In Reply Refer To:
458-24-4617 - 205
HAMILTON ALFRED
June 24, 2004

MS. SYLVIA HAMILTO
9008 EAST DRIVE
AUSTIN, TX 78753-5112

Dear Ms. Hamilto:

We at the Defense Finance and Accounting Service - Cleveland Center are sincerely sorry to learn of the death of your father.

We would like to extend our sympathy to you. We realize that this is a difficult adjustment period, and wish to offer our assistance.

We are reluctant to request your attention to details of business at this time. However, in your own best interests, there are procedures which should be started as quickly as possible.

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QWS3270X 7/12/2004 6:46 PM

<< PRESS ENTER/PF7 FOR NEXT/PREV OR CLEAR >> EFF DATE: 07/12/04 18:45

LAST UPDATE: 07/08/04 10:46

BANK OF AMERICA, MILITARY BANK

----- CONSUMER CHECKING AND SAVINGS ACCOUNTS -----

ANNUAL
PERCENTAGE INTEREST

	YIELD	RATE
REGULAR SAVINGS	1.00%	1.00
MONEY MARKET SAVINGS	0.50%	0.50
MONEY MARKET CHECKING	0.50%	0.50
LIBERTY PLUS PACKAGE	0.50%	0.50

LIBERTY GOLD CHECKING ---		
BALANCES UP TO \$5,000	0.50%	0.50
\$5,000 BUT LESS THAN \$10,000	0.50%	0.50
\$10,000 BUT LESS THAN \$15,000	0.75%	0.75
\$15,000 BUT LESS THAN \$50,000	1.50%	1.49
\$50,000 BUT LESS THAN \$75,000	1.50%	1.49
\$75,000 BUT LESS THAN \$100,000	1.75%	1.74
BALANCES \$100,000 AND ABOVE	1.80%	1.79

PLEASE CONTACT BANK OF AMERICA - MILITARY BANK CUSTOMER SERVICE AT 210-978-5000
OR 800-334-1920 FOR CURRENT ANNUAL PERCENTAGE YIELD AND INTEREST RATE.

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
		4. Is designation of beneficiary for unpaid compensation on file with service? (Yes or No)
		5. Are you named beneficiary? (Yes or No)
6. Name, rank or rating, service number, and social security number of decedent	7. Date of death	8. Name of service
		9. Decedent's domicile

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his / her death? _____

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

[illegible]

(Continued on other side)

HAVE YOU ENCLOSED A DEATH CERTIFICATE?
HAVE YOU COMPLETED BOTH SIDES OF THE FORM?

Standard Form 1174
September 1992
4 GAO 26.1

(This form has been authorized for local reproduction.)

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I / we have been duly appointed _____ of the estate of the deceased, as evidenced by
(Executor or administrator)
certificate of appointment herewith, administration having been taken out in the interest of

(Name, address, and relationship of interested relative or creditor)
and such appointment is still in full force and effect.

NOTE:—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
FILL IN PART E. ALL OTHERS MUST.**

Part E

Have the funeral expenses been paid? _____ If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? _____

Part F

**FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent
claims against the United States or the making of false statements in connection herewith**

_____ (Signature of claimant)	_____ (Date)	_____ (Signature of claimant)	_____ (Date)
_____ (Street address)		_____ (Street address)	
_____ (City, State, and ZIP code)		_____ (City, State, and ZIP code)	
_____ (Phone number including area code)		_____ (Phone number including area code)	

Part G**TWO WITNESSES ARE REQUIRED**

We certify that we are well acquainted with the above _____ and that the
(Name of claimant(s))
signature(s) of the claimant(s) was(were) affixed in our presence.

_____ (Signature of witness)	_____ (Signature of witness)
_____ (Street address)	_____ (Street address)
_____ (City, State, and ZIP code)	_____ (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

PRIVACY ACT NOTICE

The social security number of the next of kin is solicited pursuant to Executive Order 9397 of 1943. Disclosure of the social security number of the next of kin is voluntary but extremely useful to identify them since their names and addresses may change. As a claimant, you should not disclose the social security number of the next of kin without their prior consent and knowledge that the disclosure is voluntary and will be used only for purposes of identification. The social security number of the next of kin will be used to identify them in connection with their right under this form. The witness' addresses are required solely for verifying the information on this form should such verification be necessary.



**EMPLOYEES
RETIREMENT
SYSTEM OF TEXAS**

SHEILA W. BECKETT
EXECUTIVE DIRECTOR

MILTON HIXSON

CHAIR

OWEN WHITWORTH

VICE-CHAIR

BILL CEVERHA

CAROLYN LEWIS GALLAGHER

DON GREEN

YOLANDA GRIEGO

BOARD OF TRUSTEES

June 22, 2004

Alfred Hamilton
580 COUNTRY RD 329
YOAKUM, TX 77995

Dear Alfred Hamilton:

We recently matched the ERS payroll social security numbers with the Social Security Administration (SSA) deceased file. Your social security number matched that of someone who has been reported to the SSA as deceased. ERS policy is to obtain a notarized signature from any payee whose social security number has been reported as deceased to the SSA.

If the SSA has incorrectly reported your death, please complete the enclosed form with your social security number and sign it in the presence of a notary. Return the completed form to us in the enclosed envelope by July 12, 2004. **Failure to respond may result in future annuity payments being withheld.** We apologize for the imposition.

Should you need additional information or if I may be of further service, please call me at (512) 867-7300. Residents outside the Austin may call our toll free number 1-877-275-4377 and use extension 7300. Thank you for your cooperation.

Sincerely,

Evan Bryant, CPA
Internal Auditor

Enclosure

AFFIDAVIT

I am a payee of the Employees Retirement System of Texas. I am over the age of 18 years and I am legally competent to give this affidavit.

My name is _____.

My address is _____
(street address)

_____, _____, _____
(city) (state) (zip code)

My social security number is _____ - _____ - _____.

I am personally signing this affidavit in the presence of a duly qualified notary public.

(signature of addressee)

State of Texas
County of _____

This instrument was acknowledged, sworn to, and subscribed before me on the
_____ Day of _____ 2004.

(Seal)

(Signature, Notary Public in and for the State of Texas)

Typed or Printed Name: _____

Notary Commission Expires: _____

Two-Year Comparison Worksheet

2003

Name(s) as shown on return ALFRED & MAURINE P. HAMILTON		Social security number 458-24-4617
2002 Filing Status MARRIED FILING JOINT	2003 Filing Status MARRIED FILING JOINT	
2002 Tax Bracket 28.0%	2003 Tax Bracket 33.0%	

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	5556.	2034.	-3522.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	63311.	63311.
TAXABLE IRA DISTRIBUTIONS	0.	3423.	3423.
TAXABLE PENSIONS AND ANNUITIES	116850.	133790.	16940.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-1881.	1033.	2914.
TAXABLE SOCIAL SECURITY BENEFITS	27642.	28033.	391.
OTHER INCOME	-4118.	-4118.	
TOTAL INCOME	144049.	227506.	83457.
ADJUSTED GROSS INCOME	144049.	227506.	83457.
STANDARD DEDUCTION	9650.	11400.	1750.
INCOME BEFORE EXEMPTIONS	134399.	216106.	81707.
PERSONAL EXEMPTIONS	6000.	5124.	-876.
TAXABLE INCOME	128399.	210982.	82583.
TAX	28930.	45058.	16128.
TAX BEFORE CREDITS	28930.	45058.	16128.
TAX AFTER NON-REFUNDABLE CREDITS	28930.	45058.	16128.
TOTAL TAX	28930.	45058.	16128.
FEDERAL INCOME TAX WITHHELD	11100.	10471.	-629.
ESTIMATED TAX PAYMENTS	24680.	18580.	-6100.
TOTAL PAYMENTS	35780.	29051.	-6729.
TAX OVERPAID	6850.	0.	-6850.
AMOUNT REFUNDED	2390.	0.	-2390.
OVERPAYMENT APPLIED TO ESTIMATE	4460.	0.	-4460.
FORM 2210/2210F (EST. TAX PENALTY)	0.	9.	9.
BALANCE DUE (INCLUDING 2210/2210F)	0.	16016.	16016.
LATE PAYMENT/LATE FILING PEN. & INT.	0.	589.	589.
TOTAL DUE AFTER PENALTY & INTEREST	0.	16605.	16605.

5/28/2004
11:40 AM

DAVILA, BUSCHHORN
Nickname Listing

Page 3

Nickname 1	Nickname 2	Full Name
0925 BROWNI	BROWNING, H	H.R. & SANDRA BROWNING
0926 BROWNI	BROWNING	PHYLLIS M. BROWNING
0927 BROWNI	BROWNING LA	LAUREN BROWNING
0930 BRUSHY	BRUSHY	BRUSHY CREEK VILLAGE HOA, INC.
0935 BRYANT	BRYANT	KAREN BRYANT
0940 BUCKLIN	BUCKLIN	BOB & KATHI BUCKLIN
0942 BUHMAN	BUHMAN	DOUG BUHMAN
0945 BULLER	BULLER	BERTRAM & SHIRLEY BULLER
0954 BURKE	BURKE	JOE & KRISTEN BURKE
0955 BURKAR	BURKART	CAROL M. BURKART
0956 BURNS	BURNS	NED & MARTHA BURNS
0960 BUSHNE	BUSHNER	JOSH BUSHNER
0998 BUZZ E	BUZZ, ELAINE	ELAINE BUZZ
0999 BUZZ	BUZZ	LEONARD BUZZ
1013 CAMPBE	CAMPBELL	MARY H. CAMPBELL
1015 CALDWE	CALDWELL	NORA LOU CALDWELL
1016 CAVANA	CAVANAGH	NANCY CAVANAGH
1017 CAVAZO	CAVAZOS	LUCIANO & THEODORA CAVAZOS
1018 CAMP VE	CAMP VERDE	CAMP VERDE PROPERTIES
1019 CAMPAU	CAMPAU, JOH	JOHN CAMPAU
1020 CAPITAL	CAPITAL VIEW	CAPITAL VIEW JV
1021 CANTU	CANTU	DONICE L. CANTU
1040 CARDINA	CARDINAL PO	CARDINAL POOLS OF AUSTIN, INC.
1049 CARNEY	CARNEY TRUS	CARNEY GRANDCHILDREN'S TRUST
1050 CARNEY	CARNEY	JUANITA CARNEY
1051 CARNEY	CARNEY JAYN	JAYN CARNEY
1070 CARRIKE	CARRIKER	JAKE CARRIKER
1071 CARRIKE	CARRIKER AS	CARRIKER ASSET MGMT. LLC
1077 CARTER	CARTER CON	CARTER CONCRETE, INC.
1078 CARTER	CARTER	RUTH & SCOTT CARTER
1090 CASSONI	CASSONI	RON CASSONI
1100 CAZARE	CAZARES	RODRIGO & MAYLEE CAZARES
1101 CAVELL	CAVELL	HILDA CAVELL
1102 CELADO	CELADON PR	CELADON PROPERTIES, INC.
1150 CG&S CO	CG&S CONST	CG&S CONSTRUCTION, INC.
1200 CHAMNE	CHAMNESS	CALVIN & ROBIN CHAMNESS
1206 CHANG	CHANG	JOON & KYUSUN CHANG
1209 CHAVEZ	CHAVEZ	ROBERT CHAVEZ
1210 CHEMTE	CHEMTEX	CHEMTEX, INC.
1211 CHERYL	CHERYL DRIV	CHERYL DRIVE WAREHOUSE ASSOC., JV
1212 CHIOCK	CHIOCK	MARIO & IRIS CHIOCK
1225 CINDERJ	CINDERJEFF	CINDERJEFFERSHAN G.P., INC.
1228 CLAY MIL	CLAY MILLS P	CLAY MILLS PC
1230 CAPITOL	CAPITOL LITE	CAPITOL LITES AUTO GLASS INC.
1250 CITY OF	CITY OF AUSTI	CITY OF AUSTIN
1275 COBB DA	COBB DAVID	DAVID & LISA COBB
1277 COBB K	COBB KEVIN	KEVIN & ROBIN COBB
1279 CLARK W	CLARK, WILLI	WILLIAM CLARK
1280 CLEAN AI	CLEAN AIR FO	CLEAN AIR FORCE OF CENTRAL TEXAS
1282 CLARK J	CLARK, JASO	JASON CLARK
1295 C&M	C&M SERVICE	C&M SERVICES
1296 COFER	COFER	BRENT & LINDA COFER

1208 - Chellette

2004?

Account: 1617513


COL. ALFRED HAMILTON, RET. 09-95 8-222/1149 1617513 224

MAURINE P. HAMILTON
500 CR 329
YOAKUM, TX 77995

7 Feb 2004

PAY TO THE ORDER OF A.F.B.A. \$27.00

Twenty seven & 00/100 DOLLARS

 **Boakum**
National Bank
Yoakum, Texas 77995

INVESTMENT MONEY MARKET FUND

MEMO 250812 Alfred Hamilton

⑆114902227⑆ 161 751 3⑈ 0224 ⑈0000002700⑈

Paid On 02/17 Check #224 \$27.00

Page: 2


COL. ALFRED HAMILTON, RET. 09-95 8-222/1149 1617513 225

MAURINE P. HAMILTON
500 CR 329
YOAKUM, TX 77995

4 Mar 2004

PAY TO THE ORDER OF Yoakum Community Hospital \$840.00

Eight hundred forty & 00/100 DOLLARS

 **Boakum**
National Bank
Yoakum, Texas 77995

INVESTMENT MONEY MARKET FUND

MEMO Alfred Hamilton

⑆114902227⑆ 161 751 3⑈ 0225 ⑈0000084000⑈

Paid On 03/09 Check #225 \$840.00

IMII 07/13/04 DDA STATEMENT HISTORY 16.26.42 PAGE 3
 MAURINE P HAMILTON ACCOUNT 000-000-0000-0038054700
 OR ALFRED HAMILTON TRUSTEES DATE LAST STATEMENT 03/10/04
 THE A AND M HAMILTON REVOC LIVING TRUST DATE THIS STATEMENT 07/13/04

*****DDA TRANSACTIONS*****

BEGINNING	CHECKS/OTHER DEBITS	DEPOSITS/OTHER CREDITS	ENDING
BALANCE	NBR TOTAL AMOUNT	NBR TOTAL AMOUNT	BALANCE
3993.29	24 7320.16	11 9673.55	6346.68

DATE	CK NBR	AMOUNT TP	TRANSACTION DESCRIPTION	BALANCE
06/08	2371	24.84 CK	DDA CHECK	3834.00
06/08	2372	12.11 CK	DDA CHECK	3821.89
06/08		0.84 CR	IOD INTEREST PAID	3822.73
06/22		1726.00 CR	US TREASURY 310 SOC SEC	5548.73
06/22		255.00 CR	US TREASURY 303 SOC SEC	5803.73
06/28	2385	36.00 CK	DDA CHECK	5767.73
06/29	2382	789.00 CK	DDA CHECK	4978.73
07/01	2386	225.30 CK	DDA CHECK	4753.43
07/02		1768.00 CR	US TREASURY 310 SOC SEC	6521.43
07/09	2383	175.82 CK	DDA CHECK	6345.61
07/09		1.07 CR	IOD INTEREST PAID	6346.68

LAST PAGE PF2 - PAGE BKWD
 ERR01 FIIMII02-INVALID REQUEST KEY, PLEASE REENTER

Social Security Application Development

From: SOCIAL SECURITY ADMINISTRATION
903 SAN JACINTO STE 102 AUSTIN TX 78701

Ph: (512) 916-5411

June 10, 2004

Refer to: 458-24-4617

Enclosed is the application we talked about on the phone. Please read it carefully. Answer the questions we have circled and sign where we have checked. Be sure to sign your initials next to any corrections you make. **RETURN THE APPLICATION TO US WITHIN 10 DAYS. DO NOT DELAY RETURNING IT OR YOU MAY LOSE BENEFITS.** Use the enclosed envelope. Please write your return address on it. Be sure to put a stamp on the envelope.

When you return your application, please send us only the records we have checked below. **YOU MUST SEND US THE ORIGINAL RECORDS.** If you do not have the original, you must send a copy certified by the person who is the custodian of the original record. Do not send copies signed by a notary public. We can accept a photocopy of a W-2 form or a tax return (1040, Schedule C, Schedule SE, etc.). And, do not delay sending back your application just because you cannot get the records.

We need any of the records checked ☒ below to complete your claim for benefits. Your records will be returned to you later.

- ☐ Proof of age for
- ☒ Proof of marriage for YOU & MR. HAMILTON
- ☐ Proof of divorce or annulment
- ☐ Withholding Statement (W-2) Form for
- ☐ Tax Return: Schedule SE for
- ☐ Proof of appointment as legal representative
- ☐ Death Certificate
- ☐ Award letter and/or correspondence concerning
- ☐ Military Service
- ☐ Blank check for direct deposit information (Write "VOID" on front)
- ☐ Other

Call us right away if you have any questions or if you have trouble getting the records we asked for. We will be glad to help you. Before we can make a decision about your request for Social Security benefits, you must file an application. The date you file an application can make a difference in the amount of benefits we can pay. If you file the application within 6 months of we will use the date of the original request, as the filing date. If you file an application, we will review the case and make a decision. If you do not agree with what we decide, you will be able to appeal the decision.

J. HALL

Enclosure

Maurine P. Hamilton

mu
6-15-04
6-12-04

Form SSA-L566 (8-93)

NH 458-24-4617

CLAIMANT 459-20-2593

SG-SSA-10

THE DECEASED OR I NEVER RECEIVED A FEDERAL AGENCY MONTHLY BENEFIT BASED IN WHOLE OR IN PART ON THE DECEASED'S MILITARY SERVICE NOR DO I EXPECT TO RECEIVE SUCH A BENEFIT.

ALFRED HAMILTON U.S. MILITARY SERVICE DATES ARE AS FOLLOWS:

START DATE

January 1, 1951

END DATE

December 1, 1956

DATE of entry mm
3 Nov 4948

Ret. effective date
31 July 1971 mm

Wrong! See enclosed copies
of DD 214 + DPM 45

THE DECEASED AND I WERE LIVING TOGETHER AT THE SAME ADDRESS AT THE TIME OF DEATH.

THE DECEASED WAS LAST MARRIED TO MAURINE ~~PULKRABEK~~ P. HAMILTON mm ON September ~~23~~ 26 mm, 1996 IN YOAKUM TX BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DEATH ON April 8, 2004.

THE DECEASED WAS PREVIOUSLY MARRIED TO MAURINE MILZER ON January 1, 1972. THE MARRIAGE ENDED BY DEATH ON ~~January 1~~ July 5 mm, 1991.

THE DECEASED WAS PREVIOUSLY MARRIED TO MAURINE PULKRABEK ON September 24, 1942. THE MARRIAGE ENDED BY DIVORCE ON ~~May 1~~ February 16 mm, 1971.

I WAS PREVIOUSLY MARRIED TO ALFRED HAMILTON ON September ~~24~~ 23 mm, 1942 IN BELTON TX BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DIVORCE ON ~~May 1~~ February 16 mm, 1971 IN ILLINOIS. MY FORMER SPOUSE'S DATE OF DEATH IS April 8, 2004.

I DO NOT QUALIFY FOR A U.S. FEDERAL, STATE, OR LOCAL GOVERNMENT PENSION BASED ON MY OWN EMPLOYMENT NOT COVERED BY SOCIAL SECURITY.

I HAVE NOT AND DO NOT EXPECT TO WORK THIS YEAR AND I DID NOT WORK IN THE TWO PRIOR YEARS.

I WANT BENEFITS BEGINNING WITH April 2004.

I DO NOT WANT THIS APPLICATION TO BE CONSIDERED AN APPLICATION FOR RETIREMENT BENEFITS ON MY OWN EARNINGS RECORD.

I UNDERSTAND THAT SSA WILL USE THE EARNINGS REPORTED TO SSA BY MY EMPLOYER(S) AND MY SELF-EMPLOYMENT TAX RETURN (IF APPLICABLE) AS THE REPORT OF EARNINGS REQUIRED BY LAW, TO ADJUST BENEFITS UNDER THE EARNINGS TEST. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION I GIVE SSA CONCERNING MY EARNINGS IS CORRECT. I ALSO UNDERSTAND THAT I MUST FURNISH ADDITIONAL INFORMATION AS NEEDED WHEN MY BENEFIT ADJUSTMENT IS NOT CORRECT BASED ON THE EARNINGS ON MY RECORD.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF EITHER I BEGIN TO RECEIVE A U.S. FEDERAL, STATE, OR LOCAL GOVERNMENT PENSION BASED ON MY OWN EMPLOYMENT NOT COVERED UNDER SOCIAL SECURITY OR IF MY PRESENT PENSION AMOUNT CHANGES.

I AGREE TO PROMPTLY NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF I MARRY, DIVORCE OR MY MARRIAGE IS ANNULLED, OR IF I AM CONFINED TO A JAIL, PRISON, PENAL INSTITUTION, OR CORRECTIONAL FACILITY FOR CONVICTION OF A CRIME OR I AM CONFINED TO A PUBLIC INSTITUTION BY COURT ORDER IN CONNECTION WITH A CRIME. I AGREE TO PROMPTLY RETURN ANY BENEFIT CHECK I RECEIVE FOR THE MONTH I AM INCARCERATED AND FOR ANY LATER MONTH.

NH 458-24-4617

CLAIMANT 459-20-2593

SG-SSA-10

MY REPORTING RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY MAILING ADDRESS IS ⁹⁰⁰⁸9008 EAST DRIVE
AUSTIN TX 78753

9008 EAST DRIVE
AUSTIN, TEXAS 78753-5112

MY TELEPHONE NUMBER IS (512) 834-4309.

SIGNATURE Maurine P. Hamilton

DATE 6-15-04 (m-h)
6-12-04

WITNESSES ARE REQUIRED ONLY IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X) ABOVE. IF SIGNED BY (X), TWO WITNESSES TO THE SIGNING WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

NUMBER AND STREET ADDRESS

NUMBER AND STREET ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE



Davila Buschhorn
& Associates, P. C.

December 17, 2004

Once again the time has arrived to begin assembling information for the preparation of your 2004 income tax return(s). To better assist you in gathering the data you will need, we are enclosing your individual tax organizer. We will prepare your tax return from the information you provide. If you claim deductions for travel, entertainment, or automobile expenses, you are affirming that you have written evidence to support the deduction. If you believe there has been a significant change in your income or deductions, feel free to contact us immediately, as it still may not be too late to do some tax planning. As you know, tax returns are subject to examination by the IRS; therefore, you should retain the tax records related to your tax return for at least three years after the date the return is filed.

If information from a "pass-through" entity, such as a partnership, trust or S corporation, is the only data you are missing, remember that you can mail or fax that information to us as soon as it is received.

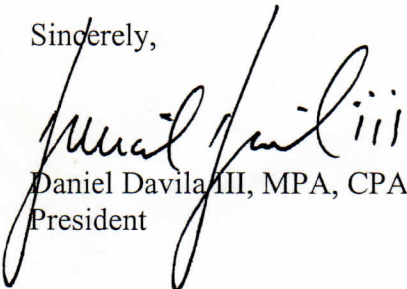
As always, income tax returns will be prepared on a first come, first served basis, so the sooner we receive your information the better the likelihood that we will be able to complete your tax return by April 15th. Just a reminder: We have a policy of completing all individual returns by their due date **if we receive complete data by March 31**. Also remember that we will automatically file an extension for those returns not completed by April 1st. There will be a \$35 charge for each extension.


Our fees are based on the time it takes to complete the return; well-organized information which saves our time will minimize billings. Payment for services is expected when you pick up your return(s). Any unpaid balances are subject to a finance charge of 1.5% per month.

For those of you who are too busy to schedule an appointment, consider dropping off or mailing in your tax data. We will then correspond by fax, telephone or e-mail to tie up loose-ends and questions.

We greatly appreciate your cooperation and client referrals we received this past year. We look forward to serving you in 2005. If you have any questions, please feel free to contact us at your convenience.

Sincerely,


Daniel Davila III, MPA, CPA•PFS
President


Camille Vanderslice, CPA

HIGHLIGHTS OF 2004 TAX ACT

- ❖ Maximum individual tax bracket is 35%.
- ❖ Increase in Code Section 179 expensing to \$102,000.
- ❖ Reduced section 179 for SUV to \$25,000.00.
- ❖ 50% bonus depreciation for assets placed into service after May 5, 2003, but before 12/31/04
- ❖ New 15 year recovery period for leasehold improvements.
- ❖ New 15 year recovery period for restaurant improvements.
- ❖ Taxpayers can elect to expense up to \$5,000.00 of start-up expenses and up to \$5,000.00 of organizational expenditures.
- ❖ New deduction for state and local sales taxes.
- ❖ New above the line deduction for legal fees incurred in discrimination suits.
- ❖ No exclusion for residences acquired in like-kind exchanges within five years.
- ❖ Limits placed on donated autos to charitable organizations. Generally Limited to amount vehicle sold for, effective for donations after 2004.
- ❖ Military combat pay is non taxable.

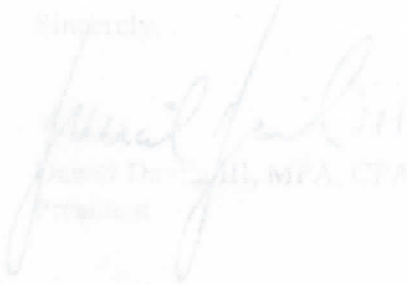
PRIVACY POLICY

It has always been the policy of Davila, Buschhorn & Associates, P.C. to keep all information that we collect from you confidential from all sources. We restrict access to all non-public personal information about you to members of our firm who need to know that information to provide services to you. We do collect non-public personal information about you from the following sources:

- Information we receive from you on tax preparation organizers, worksheets, federal and state tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- Information about your transactions with us, our affiliates, and others, and
- Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any non-public personal information about our clients or former clients, except as permitted, required by law or approved by you as listed below:

- Requirements to comply with federal, state or local law,
- Requirements to comply with national, state or local licensing rules,
- Requirements to disclose information in response to legal subpoenas,
- Items you permit or request us to disclose, as authorized by you verbally or in writing,
- Information, which you authorize us to disclose by signing the initial engagement letter, that discloses you are our client, without disclosure of financial or other personal information.


Daniel J. Buschhorn, CPA, CFP®
Principal


Carmela Cardenas, CPA
Senior Tax Advisor

Not Taken
2003

DURABLE MEDICAL EQUIPMENT



AUSTIN, TEXAS 78728
3800 MEDICAL PARKWAY

12224

TEL 424-8883

663

15594

MENT

O.D. ☐ On Account ☐ Assigned

Rent	Purchase
2d	94.05
	34.88
x	10.64
al	139.57

5108437

Wt. _____

L# _____

Purchase/Capped Explained

Explained

Tel. _____

Tel. _____

Be Applied To Purchase.

Date 7-21-03

DEBORAH A GREGORY

05705 V

4744 7200 0589 6606

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
		Handse (Dech)		94.05

RETURN POLICY

f purchase.

for rental or purchase there will be no refund or exchange.

neontinence Products, Hot Cold Packs, Egg Crate Mattress, WILL
REFUNDS OR EXCHANGES.

15594

☐ C.O.D. ☐ On Account ☐ Assigned

No.	Item	Rent	Purchase
ten.	Transfer bench non padded		94.05
ten.	Savannah 4" elev. seat		34.88
		Tax	10.64
		Total	139.57

\$ _____ Pays rent to _____

You will be charged extra time after

Medicare# _____ DOB _____

Medicaid# _____ Ht. _____ Wt. _____

Other Ins. _____ Texas DL# _____

☐ Supplier Standards Packet ☒ Rental/~~Purchase~~/Capped Explained

☒ Equipment Instruction ☐ Warranty Explained

☒ DME Inc. Refund Policy Attached

X(Signature) _____

Physician Name Dr. J. J. J.

To Maurine Hamilton Tel. _____

Address _____

Bill To _____ Tel. _____

Address _____

The First Month's Rental Only Can Be Applied To Purchase.

Date 7-21-03



Davila & Buschhorn
& Associates, P.C.

Daniel Davila III
MPA, CPA • PFS

512-258-6637
Fax 512-258-7699
danny@dbtxcpa.com

7207 McNeil Dr • Austin, Texas 78729-7610

Your Future, Our Business

Alfred & Maurine
Hamilton

2003 - Form 1040



CERTIFIED PUBLIC
ACCOUNTANTS &
FINANCIAL CONSULTANTS