

# TAX CERTIFICATE

Date of Death: After 6/30/07

Estate of \_\_\_\_\_ Fiduciary No. \_\_\_\_\_

Each undersigned Executor or Administrator does hereby certify that:

1. In accordance with Virginia Code Section 58.1-23, inquiry has been made to the Treasurer of Arlington County (703-228-4000) or the Treasurer of the City of Falls Church (703-241-5049) and to the Virginia Department of Taxation (804-567-8031) with respect to any unpaid taxes and levies assessed against the decedent.
2. All taxes, whether state or local, assessed and chargeable upon the probate estate and/or its income, have been paid or provided for.

_____ DATE	_____ SIGNATURE AND TITLE
_____ DATE	_____ SIGNATURE AND TITLE
_____ DATE	_____ SIGNATURE AND TITLE

**PLEASE COMPLETE AND FILE WITH FINAL ACCOUNT**

Commissioner of Accounts  
Arlington County Courthouse  
1425 North Courthouse Road, Suite 6500  
Arlington, Virginia 22201