

**TO BE FILLED OUT BY FIDUCIARY or
ATTORNEY FOR FIDUCIARY**

Total Estate Assets (see below)* _____
Filing fee SCPA 2402(7) _____
Filing fee initially paid _____
Balance (Refund) Due _____

**SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

-----x

In the Matter of

INVENTORY OF ASSETS (Rule §207.20)

Deceased.

-----x

File No: _____

The undersigned, a fiduciary or attorney for the fiduciary of the above Decedent's estate, certifies that the following constitutes the gross estate for tax purposes and identifies whether non-estate assets exist. Complete below according to the following value categories:

Category A - under \$10,000; Category B - \$10,000 to under \$20,000; Category C - \$20,000 to under \$50,000;
Category D - \$50,000 to under \$100,000; Category E - \$100,000 to under \$250,000;
Category F - \$250,000 to under \$500,000; Category G - \$500,000 or over.

Date of Death: _____ Date of Letters: _____ Type of Letters _____

Name of Fiduciary(ies) and, if changed, fiduciary(ies) address: _____

**ASSETS INDIVIDUALLY OWNED BY DECEDENT
OR PAYABLE TO ESTATE**

CATEGORY

- | | |
|--|---|
| 1. Real Estate | _____ |
| 2. Stocks and Bonds | _____ |
| 3. Insurance Payable to Estate | _____ |
| 4. IRAs, 401Ks Payable to Estate | _____ |
| 5. Mortgages or Notes Held by Decedent | _____ |
| 6. Cash | _____ |
| 7. Miscellaneous | _____ |
| 8. Firearms | _____ |
| (Check appropriate box) | [<input type="checkbox"/>] Yes - See attached Firearms Inventory form |
| | [<input type="checkbox"/>] None |
| *TOTAL ESTATE ASSETS | _____ |

NON-ESTATE ASSETS - CHECK YES OR NO TO EACH OF THE FOLLOWING:

- | | |
|--|--------------------|
| 9. Living Trust | _____ Yes _____ No |
| If yes, set forth the Name of the Trustee(s) _____ | |
| 10. Gifts in Excess of Federal Annual Exclusion
Made Within 3 Years of Decedent's Death | _____ Yes _____ No |
| 11. Jointly Held Property (Real or Personal) | _____ Yes _____ No |
| 12. Insurance Payable to Beneficiary | _____ Yes _____ No |
| 13. IRAs, 401K's Payable to Beneficiary | _____ Yes _____ No |
| 14. Annuities | _____ Yes _____ No |
| 15. Powers of Appointment | _____ Yes _____ No |
| 16. Cause(s) of Action Pending | _____ Yes _____ No |
| If yes, identify Court and Index Number _____ | |

Certified to be true on the _____ day of _____, 20____

Signature

Attorney's Name

Print Name
I-1 3/2016

Attorney's Address & Telephone No: _____