SURROGATE’S COURT OF THE STATE OF NEW YORK

**TO BE COMPLETED 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**

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, 401 Ks Payable to Estate | \_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Mortgages or Notes Held by Decedent | \_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Cash | \_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Miscellaneous | \_\_\_\_\_\_\_\_\_\_\_ |
| 8. | Firearms (Check appropriate box) | Yes – see attached firearms inventory  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 | Attorney’s Address |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I-1 3/2016** | Attorney’s Telephone No. |