

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

-----x
In the Matter of _____

Deceased.
-----x

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 Yes No
Within 3 Years of Decedent's Death
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

Attorney's Telephone No.

**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	_____ \$0.00

INVENTORY OF ASSETS (Rule §207.20)

File No: _____