SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY

In The Matter of the Estate of

LIST OF ASSETS/INVENTORY

(Rule §207.20(a))

ATTACHED SCHEDULES: or Trust Property Decedent or Payable t Estate A. Real Estate B. Stocks and Bonds C. Mortgages, Notes, Cash, etc. D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS S S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Signature Print Name				`	• ()			
constitutes the gross estate (for tax purposes) of the above decedent. The following documents are attached: [] a detailed list of assets; or a copy of one of the following: [] Form ET-90; [] Form TT-385; [] Form 706 or Form 706 NA. IF FORM ET-90 IS ATTACHED, ALL RIGHTS TO SECRECY UNDER TAX LAW \$994 ARE WAIVED Date of Death:		<u> </u>	Deceased.	FILE NUMBEI	R			
Date of Death:	[]	stitutes the gross estate (for tax praid a detailed list of assets; or a copy	urposes) of the above	decedent. The following do	cuments are attached:			
Name of Each Fiduciary: (Address, if changed): RECAPITULATION OF ATTACHED SCHEDULES: A. Real Estate B. Stocks and Bonds C. Mortgages, Notes, Cash, etc. D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Print Name Non-Probate, Joint Individually Owned B Decedent or Payable t Estate S Individually Owned B Decedent or Payable t Estate S Sequence Filing Fee Under \$2402(7) Filing Fee Initially Paid Balance (Refund) Due Signature Print Name	IF F	ORM ET-90 IS ATTACHED, A	LL RIGHTS TO SEC	RECY UNDER TAX LAW	§994 ARE WAIVED			
(Address, if changed): RECAPITULATION OF ATTACHED SCHEDULES: A. Real Estate B. Stocks and Bonds C. Mortgages, Notes, Cash, etc. D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Print Name Non-Probate, Joint Individually Owned B Decedent or Payable t Estate S S S S Cestate S S S S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed S Certified to be true on , 20 Print Name	Date	e of Death:	_ Date of Letters:	Type of L	Type of Letters:			
RECAPITULATION OF ATTACHED SCHEDULES: Non-Probate, Joint or Trust Property Decedent or Payable to Estate Real Estate Solocks and Bonds C. Mortgages, Notes, Cash, etc. D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS Solometric	Nam	ne of Each Fiduciary:						
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A. Real Estate \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					Individually Owned By Decedent or Payable to Estate			
C. Mortgages, Notes, Cash, etc. D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS \$ S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Address: Signature Print Name	A.	Real Estate	9	S	\$			
D. Insurance on Decedent's Life E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS \$ S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Address: Signature Print Name	B.	Stocks and Bonds						
E. Jointly Owned Property F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS \$ \$ \$ Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed \$ \$ ATTORNEY Name: Address: Signature Phone: Print Name	C.	Mortgages, Notes, Cash, etc.						
F. Miscellaneous & Trust Property G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Signature Print Name	D.	Insurance on Decedent's Life						
G. Transfers During Decedent's Life H. Powers of Appointment I. Annuities TOTALS S Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Phone: Print Name	E.	Jointly Owned Property						
H. Powers of Appointment I. Annuities TOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	F.	Miscellaneous & Trust Prope	rty					
I. Annuities TOTALS \$	G.	Transfers During Decedent's	Life					
TOTALS \$\$ Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Print Name \$\$ \$\$ Filing Fee Under \$2402(7) Filing Fee Initially Paid Balance (Refund) Due Certified to be true on, 20 Print Name	Н.	Powers of Appointment						
Cause of Action Pending for Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Filing Fee Under §2402(7) Filing Fee Initially Paid Balance (Refund) Due Certified to be true on	I.	Annuities						
Wrongful Death or Conscious Pain and Suffering: Amount Claimed ATTORNEY Name: Address: Phone: Print Name		TOTALS	\$	· <u></u>	\$			
ATTORNEY Name: Address: Phone: Print Name	Wrongful Death or Conscious Pain and Suffering:			Filing Fee Initially Paid				
Name: Signature Phone: Print Name	AIIIC	· · · · · · · · · · · · · · · · · · ·		Certified to be true on	, 20			
Phone: Print Name	Nam	ne:						
Phone: Print Name	Address:			Signature				
1.1.5/7014	Pho			Print N	ame			

GROSS ASSETS
(Attach Additional Page If Necessary)

A.	REAL ESTATE (Individually owned property)				
	<u>Description</u>	Date of Death Value			
В.	STOCKS AND BONDS (Individually Owned)				
	Description, Including Face Amount of Bonds and Number of Shares	Date of Death Value			
C .	MORTGAGES, NOTES AND CASH (Including Bank Deposits) (Jointly owned property should be reported at E and trust property at F)				
	<u>Description</u>	Date of Death Value			

	(1) Payable to Estate				
	<u>Description</u>		Date of Death Value		
	(2) Payable to Named Beneficiary				
	<u>Description</u>		Date of Death Value		
.	IONELY OWNER PROPERTY (P.	1 10 10			
E.	JOINTLY OWNED PROPERTY (Re	eal and Personal Prop	erty)		
	(1) Real Estate	Joint			
	Description	<u>Tenant</u>	Date of Death Value		
	(2) Stocks and Bonds				
	Description	Joint <u>Tenant</u>	Date of Death Value		
	(2) Mantagaga Natas and Cash				
	(3) Mortgages, Notes and Cash	Joint			
	Description	<u>Tenant</u>	Date of Death Value		
F.	OTHER MISCELLANEOUS PROP	ERTY			
	(1) Individually Owned				
	Description		Date of Death Value		

D.

INSURANCE ON DECEDENT'S LIFE

	(2)	Firearms (C	Check appropriate box)				
		[] Yes, s	see attached Firearms Inventory	Form -	Date of D	Death Value	
	(3) Assets Passing to the Estate from Employment						
	<u>Description</u>			_	Date of D	Death Value	
				_			
	(4)	Trust Prope	erty				
	<u>Description</u>			_	Date of Death Value		
				_			
G.	TRA	NSFERS DU	RING DECEDENT'S LIFE				
	Description			_	Date of Death Value		
				_			
Н.	POW	VERS OF AP	POINTMENT				
	<u>Description</u>			_	Date of Death Value		
				_			
I.	ANN	UITIES					
Descripti		iption_			Date of Death Value		
				_			
CAU of ac		ACTION for	decedent's wrongful death and	for consciou	us pain and suffe	ring, as well as any other type	
			Court in which		ndex	Amount	
Desc	<u>ription</u>		Action Pending	<u>1</u>	<u>Number</u>	<u>Demanded</u>	