

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))

 Deceased. **FILE NUMBER** _____

The undersigned, a fiduciary or an attorney for the above estate, certifies that the following recapitulation 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 706NA.

IF FORM ET-90 IS ATTACHED, ALL RIGHTS TO SECRECY UNDER TAX LAW §994 ARE WAIVED

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

Name of Each Fiduciary: _____

(Address, if changed): _____

RECAPITULATION OF ATTACHED SCHEDULES:	Non-Probate, Joint or Trust Property	Individually Owned By Decedent or Payable to 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	\$ _____	\$ _____

Cause of Action Pending for
 Wrongful Death or Conscious
 Pain and Suffering:
 Amount Claimed \$ _____

Filing Fee Under §2402(7) _____
 Filing Fee Initially Paid _____
 Balance (Refund) Due _____

Certified to be true on _____, 20____

ATTORNEY

Name: _____
Address: _____

Phone: _____

Signature

Print Name

GROSS ASSETS

(Attach Additional Page If Necessary)

A. REAL ESTATE (Individually owned property)

Description

Date of Death Value

B. 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)

Description

Date of Death Value

D. INSURANCE ON DECEDENT'S LIFE

(1) Payable to Estate

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

(2) Payable to Named Beneficiary

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

E. JOINTLY OWNED PROPERTY (Real and Personal Property)

(1) Real Estate

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

(2) Stocks and Bonds

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

(3) Mortgages, Notes and Cash

<u>Description</u>	<u>Joint Tenant</u>	<u>Date of Death Value</u>
_____	_____	_____
_____	_____	_____

F. OTHER MISCELLANEOUS PROPERTY

(1) Individually Owned

<u>Description</u>	<u>Date of Death Value</u>
_____	_____
_____	_____

(2) Firearms (Check appropriate box)

Yes, see attached Firearms Inventory Form

None

Date of Death Value

(3) Assets Passing to the Estate from Employment

Description

Date of Death Value

(4) Trust Property

Description

Date of Death Value

G. TRANSFERS DURING DECEDENT'S LIFE

Description

Date of Death Value

H. POWERS OF APPOINTMENT

Description

Date of Death Value

I. ANNUITIES

Description

Date of Death Value

CAUSE OF ACTION for decedent's wrongful death and for conscious pain and suffering, as well as any other type of action.

<u>Description</u>	<u>Court in which Action Pending</u>	<u>Index Number</u>	<u>Amount Demanded</u>
_____	_____	_____	_____
_____	_____	_____	_____