

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

-----x
In the Matter of _____

Deceased.
-----x

**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: _____

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.

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

In The Matter of the Estate of _____

FIREARMS INVENTORY

(SCPA §2509)

_____ **Deceased.**

FILE NUMBER _____

The undersigned, [] a fiduciary, or [] an attorney of record certifies that the following firearms, as defined by Section 265.00 of the Penal Law, make up part of the decedent's estate.

Name of Fiduciary or Attorney: _____
 (Address, if changed): _____

	Make:	Model:	Caliber or Gauge:	Serial #:	Valuation:
1					\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTAL: (as indicated in section F2 of Inventory of Assets)					\$0.00
<input type="checkbox"/> (mark box if more entries are necessary - and attach extra pages)					

ATTORNEY

Certified to be true on _____, 20__

Name: _____
Address: _____

Telephone: _____

Signature

Print Name

A copy of this Inventory must also be filed with DCJS at:

*Division of Criminal Justice Services
 Alfred E. Smith Building
 80 South Swan Street
 Albany, NY 12210*

Firearms Inventories filed with the Surrogate's Court will be kept in a secure location separate from the estate file and will be made available for inspection only to persons interested in the proceeding and their counsel, unless otherwise ordered by the Court.