

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

In the Matter of _____
X

TO BE FILLED OUT BY FIDUCIARY OR
ATTORNEY FOR

Total Estate Assets (see below)* _____

Filing fee SCPA 2402(7) _____

Filing fee initially paid _____

Balance (Refund) Due _____

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

1. Real Estate _____
2. Stocks and Bonds _____
3. Insurance Payable to Estate _____
4. IRAs, 401Ks Payable to Estate _____
5. Mortgages or Notes Held by Decedent _____
6. Cash _____
7. Miscellaneous _____
8. Firearms _____
(Check appropriate box)

CATEGORY

[] Yes - See attached Firearms Inventory form
[] None _____

***TOTAL ESTATE ASSETS**

NON-ESTATE ASSETS - CHECK YES OR NO TO EACH OF THE FOLLOWING:

9. Living Trust
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 _____
11. Jointly Held Property (Real or Personal) _____
12. Insurance Payable to Beneficiary _____
13. IRAs, 401K's Payable to Beneficiary _____
14. Annuities _____
15. Powers of Appointment _____
16. Cause(s) of Action Pending
If yes, identify Court and Index Number _____

Yes _____ No _____

Certified to be true on the _____ day of _____, 20 _____

Signature _____

Attorney's Name _____

Print Name _____

Attorney's Address & Telephone No: _____

SURROGATE'S COURT OF THE STATE OF NEW YORK

In The Matter of the Estate of

COUNTY**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)		
<input type="checkbox"/> (mark box if more entries are necessary - and attach extra pages)					

ATTORNEY

Certified to be true on _____, 20____

Name: _____

Signature _____

Address: _____

Telephone: _____

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.