

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

In the Matter of

Deceased.

**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

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, 401Ks Payable to Estate
5. Mortgages or Notes Held by Decedent
6. Cash
7. Miscellaneous
8. Firearms

(Check appropriate box)

- [] 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 Yes No
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 Yes No
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 & Telephone No:

In The Matter of the Estate of

FIREARMS INVENTORY

Deceased.

FILE NUMBER

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

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.