

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

In the Matter of

Vicki R.C. Simon

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: 2019-1564

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: 9/30/2018 Date of Letters: 8/12/2019 Type of Letters: Letters Of Administration

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

G
G
A or D
A or D
A or D
C
A

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

***TOTAL ESTATE ASSETS**

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

- | | |
|---|---|
| 9. Living Trust | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11. Jointly Held Property (Real or Personal) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 12. Insurance Payable to Beneficiary | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 13. IRAs, 401K's Payable to Beneficiary | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 14. Annuities | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 15. Powers of Appointment | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 16. Cause(s) of Action Pending | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

If yes, identify Court and Index Number

Certified to be true on the 19th day of August, 2019

Claude Simon
Signature

Claude Simon
Print Name

Mei Ginsburg
Attorney's Name

261 Madison Ave NY 10017
Attorney's Address & Telephone No: 212 949 7300