

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_**

-----x  
In the Matter of \_\_\_\_\_

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**

**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.

**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 \_\_\_\_\_

**INVENTORY OF ASSETS (Rule §207.20)**

**File No:** \_\_\_\_\_