

PRELIMINARY INVENTORY OF ASSETS

- A. Cash and uncashed checks: \$ \_\_\_\_\_  
 1. Cash in decedent's possession at date of death \$ \_\_\_\_\_  
 2. Checks payable to decedent uncashed at date of death

Payor	Amount
_____	\$ _____
_____	\$ _____

B. Bank and Savings and Loan Accounts

1. Savings Accounts

Institution and Location	In name of	Balance
_____	_____	\$ _____
_____	_____	\$ _____

2. Commercial Accounts

Institution and Location	In name of	Balance
_____	_____	\$ _____
_____	_____	\$ _____

3. Outstanding Checks

Check No.	Date	Payee	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Certificates of Deposit

Institution and Location	In name of	Balance	Maturity Date
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

5. Market-Rate or Similar Accounts

Institution and Location	In name of	Balance
_____	_____	\$ _____
_____	_____	\$ _____

C. Real Estate

Address In name of Use (e.g., leased, residence)

\_\_\_\_\_  
\_\_\_\_\_

D. Securities

1. Stocks

Company In name of Number and type of shares Certificate number

\_\_\_\_\_  
\_\_\_\_\_

2. Bonds

Company In name of Description Bond No. Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

3. U.S. Bonds

U.S. Bonds In name of Bond No. Amount  
Series

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

E. Insurance

1. Life Insurance

a. On Decedent's Life

Company Beneficiary Policy No. Owner Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

b. On Decedent's Spouse's Life

Company Beneficiary Policy No. Owner Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

c. On the Life of Other Individual

Company Beneficiary Policy No. Owner Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

2. Liability Insurance

Company Property Covered Type of Insurance Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

F. Partnerships

Partnership Name	General Partner Name	Partner Address	Units Owned	Cost Basis	Estimated Fair Cash Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

G. Miscellaneous

1. Employee Benefits

Salary due from \_\_\_\_\_ for period of \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Insurance and pension benefits \$ \_\_\_\_\_

2. Social Security Benefits

Funeral benefits \$ \_\_\_\_\_

Survivor benefits \$ \_\_\_\_\_

3. Miscellaneous Personal Property, e.g., jewelry, household furniture (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Automobiles

Make	Year	Model	To Whom Registered
_____	_____	_____	_____
_____	_____	_____	_____

5. Refunds and Rebates Due Decedent

Source	Amount
_____	\$ _____
_____	\$ _____

H. Gifts Made Before Death

Date	To Whom Made	Address	Description of Property	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

I. Claims Against Estate

1. Last-Illness Expenses

	Name and Address	Amount	Date Claim Approved	Date Paid
Doctors	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____
Hospital	_____	\$ _____	_____	_____

	Name and Address	Amount	Date Claim Approved	Date Paid
Ambulance	_____	\$ _____	_____	_____
Other	_____	\$ _____	_____	_____

2. Funeral
- a. Funeral director \_\_\_\_\_ \$ \_\_\_\_\_
- b. Burial Plot \_\_\_\_\_ \$ \_\_\_\_\_

3. Debts of Decedent

Creditors' Names and Addresses	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Taxes

Taxing Entity	Amount	Date Due	Date Paid
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____