



**PRELIMINARY INVENTORY**

*(Give values as of date of decedent's death. Continue on separate attachment if necessary.)*

**PART I. PROPERTY OF THE ESTATE**

		Est. Market Value
1. Accounts in sole name of decedent <i>(List bank, etc., each account no. and balance.)</i>		\$
2. Joint accounts without right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i>	% Owned By	
	% Owned By	
	% Owned By	
	% Owned By	
3. Stocks and bonds in sole name of decedent or jointly owned <u>without</u> right of survivorship.....	% Owned By	
4. Cash and undeposited checks on hand.....		
5. Household furnishings.....		
6. Farm products, livestock, equipment and tools .....		
7. Vehicles.....		
8. Interest in partnership or sole proprietor businesses.....		
9. Insurance, Retirement Plan, I.R.A., etc., payable to Estate.....		
10. Notes, judgments, and other debts due decedent.....		
11. Miscellaneous personal property.....		
12. Estimated annual income of Estate .....		

*(Base bond on this amount, if applicable.)* **TOTAL PART I.** ▶ \$

**PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS**

1. Joint accounts with right of survivorship <i>(List bank, etc., each account no., balance and joint owners.)</i>		\$
2. Stocks and bonds jointly owned with right of survivorship.....		
3. Other personal property recoverable (G.S. 28A-15-10).....		
4. Real estate owned by decedent and not listed elsewhere.....		

**TOTAL PART II.** ▶ \$

**PART III. OTHER PROPERTY**

1. Entireties Real Estate owned by decedent and spouse <i>(List 1/2 value)</i> .....	\$
2. Insurance, Retirement Plan, I.R.A., accounts, etc., payable to named beneficiaries.....	
3. There <input type="checkbox"/> is <input type="checkbox"/> is not a potential claim for wrongful death arising under G.S. 28A-18.2.....	
4. There <input type="checkbox"/> are <input type="checkbox"/> are not transfers over which decedent retained any interest as described in N.C. Inheritance Tax Laws, G.S. 105-2(3) through 105-2(6).....	
5. There <input type="checkbox"/> were <input type="checkbox"/> were not gifts made three (3) years or less before decedent's death.	

**TOTAL PART III.** ▶ \$

Signature Of Applicant		Signature Of Co-Applicant	
<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>	
Date		Date	
Signature Of Person Authorized To Administer Oaths		Signature Of Person Authorized To Administer Oaths	
SEAL	Date Commission Expires	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Notary	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Notary