

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 Decedent	
% Owned By Decedent	
% Owned By Decedent	
% Owned By Decedent	
3. Stocks/bonds/securities in sole name of decedent or jointly owned without right of survivorship	% Owned By Decedent
4. Cash and undeposited checks on hand	
5. Household furnishings	
6. Farm products, livestock, equipment, and tools	
7. Vehicles	
8. Interests in partnership or sole proprietor businesses	
9. Insurance, Retirement Plans, IRAs, annuities, etc., payable to Estate	
10. Notes, judgments, and other debts due decedent	
11. Miscellaneous personal property	
12. Real estate willed to the Estate	\$
13. Estimated annual income of Estate	
14. Is there a pending lawsuit that involves the decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Base bond on this amount, if applicable.)</i> 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/bonds/securities registered in beneficiary form and immediately transferred on death or 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. There <input type="checkbox"/> is <input type="checkbox"/> is not entireties real estate owned by decedent and spouse.	
2. There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance, Retirement Plans, IRAs, annuities, 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.	

<i>Signature Of Applicant</i>	<i>Signature Of Co-Applicant</i>
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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	<i>Date Commission Expires</i>	<i>Date Commission Expires</i>	<input type="checkbox"/> Notary
SEAL	<i>County Where Notarized</i>	<i>County Where Notarized</i>	SEAL