



**PRELIMINARY INVENTORY**

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

**PART I. PROPERTY OF THE ESTATE**

	<b>Est. Market Value</b>
1. Accounts solely in the name of decedent <i>(List bank, etc., account type, and balance. Do <u>not</u> list account nos.)</i>	\$
2. Joint accounts <b>without</b> right of survivorship <i>(List bank, etc., account type, balance, and joint owners. Do <u>not</u> list account nos.)</i>	
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
3. Stocks/bonds/securities solely in the name of decedent or jointly owned <b>without</b> 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. Estimated annual income of Estate	
<i>(Base bond on this amount, if applicable.)</i> <b>TOTAL PART I.</b>	\$

**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., account type, balance, and joint owners. Do <u>not</u> list account nos.)</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	
<b>TOTAL PART II.</b>	\$

**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**

<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>
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Deputy CSC     Assistant CSC     Clerk Of Superior Court

<input type="checkbox"/> Notary	<i>Date Commission Expires</i>	<i>Date Commission Expires</i>	<input type="checkbox"/> Notary
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<b>SEAL</b>	<i>County Where Notarized</i>	<i>County Where Notarized</i>	<b>SEAL</b>
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