

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

_____ County

IN THE MATTER OF THE ESTATE OF

Name Of Decedent

INVENTORY FOR DECEDENT'S ESTATE

G.S. 28A-15-2, 28A-20-1

IMPORTANT: File within three (3) months after qualifying. Itemize and give values as of date of decedent's death. Continue on additional sheet if necessary.

I, the undersigned personal representative, being duly sworn, say that to the best of my knowledge the following is a just, true, and perfect inventory of all the real and personal property of the decedent named above, which has come into my hands or into the hands of any person for me as personal representative of the estate.

PART I. PROPERTY OF THE ESTATE

	VALUE
1. Accounts In Sole Name Of Decedent <i>(List bank, etc., account type, and balance. Do <u>not</u> list account nos.)</i>	\$

2. Joint Accounts Without 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
3. Stocks And Bonds In Sole Name Of Decedent Or Jointly Owned Without Right Of Survivorship <i>(Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4...\$3,725.)</i>	
_____	% Owned By Decedent
_____	% Owned By Decedent
_____	% Owned By Decedent
_____	% Owned By Decedent
_____	% Owned By Decedent
4. Cash And Undeposited Checks On Hand	

5. All Other Personal Property <i>(e.g., vehicles, household furnishings, farm products, equipment, tools)</i>	

6. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Sold <i>(Attach legal description and proceeds of sale for each parcel.)</i>	
ADDITIONAL AMOUNT CARRIED OVER FROM ATTACHMENT <i>(if applicable)</i>	\$
TOTAL PART I. <i>(Costs apply to this total)</i>	\$
7. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Not Sold <i>(Attach legal description of each parcel and give fair market value at date of death.)</i>	
_____	\$
8. There <input type="checkbox"/> is <input type="checkbox"/> is not a pending lawsuit that involves the decedent.	

(Over)

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

	VALUE
1. Joint Accounts With Right Of Survivorship <i>(List each account and give names of other joint owners and total amount on deposit in each account. Do <u>not</u> list account nos. Attach copy of deposit contract/signature card unless already attached to application.)</i>	\$
2. Stocks/Bonds/Securities Jointly Owned With Right Of Survivorship Or Registered In Beneficiary Form And Automatically Transferable On Death <i>(Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4...\$3,725.)</i>	
3. Other Personal Property Recoverable (G.S. 28A-15-10)	
4. Real Estate Except Entireties Property, Life Estate And Real Estate Willed To Estate <i>(List legal description and give fair market value of each parcel of decedent's interest at date of death.)</i>	
TOTAL PART II.	\$

PART III. CLAIMS FOR WRONGFUL DEATH

There is is not a potential claim for wrongful death arising under G.S. 28A-18-2. The following attorney, if any, has been retained to file the action, and the civil action, if any, has been filed in the following court or jurisdiction:

Name And Address Of Attorney	State And County Or Federal District Court Jurisdiction
	Case No.

Signature Of Fiduciary	Title	Signature Of Co-Fiduciary, If Any	Title
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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
<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	Date My Commission Expires	Date My Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL