

APPENDIX B - OTHER FORMS

I. ASSETS OF THE ESTATE OF DECEDENT

ASSETS OF THE ESTATE OF \_\_\_\_\_

Section One

1. Did the deceased own any real property in this state?  
Answer: YES NO (circle one)

1(a). If the answer to Question 1 above is YES, answer the questions below. If NO, go to Question 2.

(i) Location of property: \_\_\_\_\_  
\_\_\_\_\_

(ii) Value of property? \$ \_\_\_\_\_

(iii) Is this property owned with any other person?  
YES NO (circle one) If NO, go to Question 2.

If YES, name the other co-owner(s):  
\_\_\_\_\_

2. Did the deceased own any real property located outside this state?  
Answer: YES NO (circle one)

2(a). If the answer to Question 2 is YES, answer the question below. If NO, go to Section Two.

(i) Location of property: \_\_\_\_\_  
\_\_\_\_\_

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Section Two

1. Did the deceased own any of the following? Circle YES or NO for each item listed below. If YES, give value.

Stocks	YES NO	\$ _____
Bonds	YES NO	\$ _____
Investment Account	YES NO	\$ _____
Savings Bond	YES NO	\$ _____
Mutual Fund	YES NO	\$ _____
Money Market Account	YES NO	\$ _____
Certificate of Deposit	YES NO	\$ _____
Savings Account	YES NO	\$ _____
Checking Account	YES NO	\$ _____
Notes Receivable	YES NO	\$ _____
Accounts Receivable	YES NO	\$ _____
Pension Income	YES NO	\$ _____
Annuity	YES NO	\$ _____
Trust Income	YES NO	\$ _____
Other Securities, etc.	YES NO	\$ _____
Miscellaneous Cash	YES NO	\$ _____

Section Three

1. Did the deceased have any insurance on his/her life?  
Answer: YES NO (circle one)

1(a): If the answer to Question 1 above is YES, answer the questions below. If NO, go to Question 2.

(i) Who is the Beneficiary of the policy(ies)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) If life insurance is payable to the decedent's estate, what is(are) the death benefit payment(s)? \$ \_\_\_\_\_

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Section Three (cont'd)

2. Was the deceased engaged in business as either a sole proprietor, partner, limited partner, or corporate partner?  
Answer: YES NO (circle one)

2(a). If the answer to Question 2 above is YES, answer the questions below. If NO, go to Question 3.

(i) Describe the business interest. \_\_\_\_\_  
\_\_\_\_\_

(ii) Provide the value of the business interest. \$ \_\_\_\_\_  
\_\_\_\_\_

3. Did the deceased have an interest in any other estate or trust which had not been distributed to him/her prior to death?  
Answer: YES NO (circle one)

3(a). If the answer to Question 3 above is YES, answer the questions below. If NO, go to Section Four.

(i) Describe the estate or trust interest. \_\_\_\_\_  
\_\_\_\_\_

(ii) Provide the value of the interest. \_\_\_\_\_  
\_\_\_\_\_

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Section Four

1. Did the deceased own any automobiles, boats, trailers or other similar vehicles?

1(a). If the answer to Question 1 above is YES, answer the questions below. If NO, go to Question 2.

(i) Describe the vehicle(s): \_\_\_\_\_

(ii) Provide the value of each vehicle. \$ \_\_\_\_\_

(iii) Is any vehicle owned with any other person?

YES NO (circle one) If NO, go to Question 2.

If YES, name the co-owners, and provide the title or registration:

\_\_\_\_\_

2. Provide the value of the personal effects and household furnishings owned by the deceased, excluding antiques, rare collections, and items specifically given away in the will of the deceased.

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

3. List and give the value of any item of personal property owned by the deceased of special significance or value. Include items excepted above in Question

\_\_\_\_\_

SUBMITTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

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

STATE OF VIRGINIA, City/County of \_\_\_\_\_:

The foregoing was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

My Commission expires: \_\_\_\_\_.

Notary Registration # \_\_\_\_\_.

Notary Public/Clerk/Deputy Clerk