

1 **1820**

Name: _____

2 Address: _____

3 Phone: _____

In Proper Person

4
5
6 **IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**

7 **IN AND FOR THE COUNTY OF WASHOE**

8
9 In the Matter of the Estate of:

Case No. _____

10 _____,

Dept. No. PR

11 Deceased.

12 _____/

13 **INVENTORY, APPRAISEMENT AND RECORD OF VALUE**

14 _____, the Personal Representative of the above-captioned
15 estate, does hereby solemnly declare and affirm, under penalty of perjury of the
16 laws of the State of Nevada, that the following assertions are true:

17 The following inventory, together with its attached exhibits, contains a true
18 statement of all the estate of said deceased at the date of death which has come
19 into the Personal Representative's possession or of which the Personal
20 Representative has knowledge, and particularly of all monies belonging to the
21 estate, and all just claims of the decedent against the personal representative.
22

23 Signature: _____

24 Personal Representative

A. REAL PROPERTY

Describe each piece of real property (house or real estate) in Nevada that the Decedent owns any kind of interest in. Include location and condition of real property.

1. Address:

Assessor's Parcel Number: _____

Appraised Value: \$ _____

Amount Owed: \$ _____

Estate's Interest: _____ %

Value of Estate's Interest: \$ _____

2. Address:

Assessor's Parcel Number: _____

Appraised Value: \$ _____

Amount Owed: \$ _____

Estate's Interest: _____ %

Value of Estate's Interest: \$ _____

Total Net Value of All Real Property (Section A): \$ _____

Attach the appraisal of each property as an exhibit. If there are additional assets in this category, attach supplementary pages and clearly mark the pages as a continuation of this inventory.

B. BANK ACCOUNTS

List the last four digits of each bank account number, type of account (savings, checking, money market, etc.), name of bank or institution, and location of bank. List how the account is held, for instance is in Decedent's name only, or, jointly with (insert additional name). Attach as an exhibit a bank statement, with the account number redacted, for each account.

1. Name of Bank: _____

Last 4 digits of account number: _____ Amount (date of death): \$ _____

Type of Account: _____

Address:

Name of account, and how held: _____

2. Name of Bank: _____

Last 4 digits of account number: _____ Amount (date of death): \$ _____

Type of Account: _____

Address:

Name of account, and how held: _____

3. Name of Bank: _____

Last 4 digits of account number: _____ Amount (date of death): \$ _____

Type of Account: _____

Address:

Name of account, and how held: _____

If there are additional assets in this category, attach supplementary pages and clearly mark the pages as a continuation of this inventory.

1 **C. STOCKS, BONDS, AND OTHER MARKETABLE SECURITIES**

2 *Specify the name of the brokerage where each securities account is held, or if*
3 *there is no brokerage, the name of the stock or other security, together with the*
4 *value as of the date of death. Attach as an exhibit a brokerage or other*
statement of account, with the account number redacted, for each account.

5 1. Name of Stock or Brokerage: _____

6 Last 4 digits of account number: _____ Value (date of death): \$ _____

7 Type of Account: _____

8 Address:

9 Name of account, and how held: _____

10
11 2. Name of Stock or Brokerage: _____

12 Last 4 digits of account number: _____ Value (date of death): \$ _____

13 Type of Account: _____

14 Address:

15 Name of account, and how held: _____

16
17 3. Name of Stock or Brokerage: _____

18 Last 4 digits of account number: _____ Value (date of death): \$ _____

19 Type of Account: _____

20 Address:

21 Name of account, and how held: _____

22
23
24 ***If there are additional assets in this category, attach supplementary pages***
25 ***and clearly mark the pages as a continuation of this inventory.***

1 **D. PARTNERSHIPS AND OTHER INVESTMENTS**

2 *List the Decedent's interest in any partnerships, business entities, or other*
3 *business interests other than publicly traded securities. Attach a current*
4 *statement or other evidence of value as for each investment as an exhibit.*

5 1. Name of Investment or Source of Income:

6 _____

7 Description of Decedent's interest: _____

8 Frequency Income is Received, and Amount: _____

9 Value of Decedent's interest: \$ _____

10
11 2. Name of Investment or Source of Income:

12 _____

13 Description of Decedent's interest: _____

14 Frequency Income is Received, and Amount: _____

15 Value of Decedent's interest: \$ _____

16
17 3. Name of Investment or Source of Income:

18 _____

19 _____

20 Description of Decedent's interest: _____

21 Frequency Income is Received, and Amount: _____

22 Value of Decedent's interest: \$ _____

23
24 ***If there are additional assets in this category, attach supplementary pages***
25 ***and clearly mark the pages as a continuation of this inventory.***

E. VEHICLES

List and describe each vehicle (including recreational vehicles and mobile homes which have not been converted to real property, the VIN or serial number (for mobile homes), if known, and the location of the vehicle. Attach an appraisal or other evidence of value for each vehicle as an exhibit.

1. Year: _____ Make and Model: _____

VIN (or Serial Number)# _____

Location (City, State): _____

Value: \$ _____ Amount Owed on Vehicle, if any: \$ _____

Lienholder, if any: _____

2. Year: _____ Make and Model: _____

VIN (or Serial Number)# _____

Location (City, State): _____

Value: \$ _____ Amount Owed on Vehicle, if any: \$ _____

Lienholder, if any: _____

3. Year: _____ Make and Model: _____

VIN (or Serial Number)# _____

Location (City, State): _____

Value: \$ _____ Amount Owed on Vehicle, if any: \$ _____

Lienholder, if any: _____

If there are additional assets in this category, attach supplementary pages and clearly mark the pages as a continuation of this inventory.

F. OTHER PERSONAL PROPERTY

List and describe all other personal property owned by the Decedent with a value of \$500 or more. Other than "Miscellaneous Household Property", attach appraisal or other evidence of value for each item of property listed.

Asset Description	Value	Estate's Interest
Miscellaneous Household Property (if any)	\$ _____	____%
	\$ _____	____%
	\$ _____	____%
	\$ _____	____%
	\$ _____	____%
	\$ _____	____%
	\$ _____	____%
	\$ _____	____%

Total Value of All Personal Property (Sections B, C, D, E and F): \$ _____

If there is additional property to be listed, attach supplementary pages and clearly mark the pages as a continuation of this inventory.

OATH OF APPRAISER

In accordance with to NRS 144.030, I, the undersigned appraiser of the estate of the above-captioned estate, solemnly affirm that I will truly, honestly, and impartially appraise the inventory of the estate to the best of my knowledge and ability.

Property being appraised: _____

Appraiser's Signature

Appraiser's Name (print)

Appraiser's Address

City, State, Zip Code

1 **Each appraiser paid by the estate must attach a separate certification.**
2 **RECORD OF VALUE IN LIEU OF APPRAISEMENT**

3 If there is no reasonable doubt as to the value of any or all of the assets of the
4 estate, such as money, deposits in banks or credit unions, bonds, policies of life
5 insurance, or securities for money or evidence of indebtedness, and the asset is
6 equal in value to cash, the personal representative shall file a verified record of
7 value in lieu of the appraisal of those assets:

8
9 I, the undersigned, solemnly affirm that items on pages 3, 4 and _____ of
10 the Inventory Estate have been examined by me and that I recorded the true
11 correct value of these items on the Inventory.

12
13 **VALUE OF ESTATE**

14 The value of the whole of the inventoried estate as recorded, minus
15 encumbrances, is the total sum of \$_____. Of this sum, the
16 Personal Representative has taken possession or control of assets with a total
17 value of \$_____.

18
19 **NRS 239B.030 Affirmation:** I declare that this document does not contain the
20 social security number or other personal information of any person.

21
22 Signature:_____

23 Name:_____
24 Personal Representative

25 Date:_____