






	<b>Total Value Personal Property</b>	<b>\$</b>

**RECAPITULATION OF PROPERTY**

	<b>VALUE</b>
Furniture, household goods, wearing apparel	\$
Corporate Stocks	
Bonds, notes, other debts owed to the decedent or disabled person	
Bank accounts, insurance, money.	
All other personal property, including proportionate share in any partnership	
TOTAL VALUE PERSONAL PROPERTY	\$
TOTAL VALUE REAL ESTATE	\$
TOTAL VALUE ALL PROPERTY	\$
 Property possessed but not owned by the decedent at death or by protectee, together with a statement as to the knowledge of the personal representative or conservator as to its ownership.	
TOTAL VALUE	\$

APPRAISERS EMPLOYED BY PERSONAL REPRESENTATIVE OR CONSERVATOR

The following qualified and disinterested appraisers were employed to assist the personal representative or conservator in ascertaining the fair market value of assets, the value of which were subject to reasonable doubt.

NAME AND ADDRESS OF APPRAISER

ASSETS APPRAISED

Four horizontal lines for entering appraiser names and asset descriptions.

AFFIDAVIT OF PERSONAL REPRESENTATIVE OR CONSERVATOR

\_\_\_\_\_, personal representative/conservator, herein states on oath or affirmation that the annexed document is a full inventory and description of all the property of \_\_\_\_\_, decedent/protectee which has come into the possession or knowledge of the undersigned, and of the property in the possession of the decedent at death or of the protectee, as far as the undersigned knows and an appraisal of all property subject to appraisal.

It is further stated under oath or affirmation that the undersigned is not and was not at time of decedent's death in debt or bound in any contract to the decedent or protectee except as stated in the inventory and appraisal.

\_\_\_\_\_  
Personal Representative/Conservator's Signature

\_\_\_\_\_  
Personal Representative/Conservator's Signature

\_\_\_\_\_  
Personal Representative/Conservator's Name (Typed)

\_\_\_\_\_  
Personal Representative/Conservator's Name (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Telephone No.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_

Notary Public

Notary Commission expires:\_\_\_\_\_