

**IN THE PROBATE COURT OF COBB COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

ESTATE NO. _____

Decedent

Date of Decedent's Death: _____

Personal Representative

ESTATE INVENTORY

*Note: Do **not** list assets that passed from the Decedent by beneficiary designation, joint tenancy, or other operation of law.*

1. REAL PROPERTY:

Address/Description	Ownership Interest (%)	Mortgage(s) Balance	Est. Fair Market Value

TOTAL EST. FAIR MARKET VALUE OF REAL PROPERTY \$ _____

2. FINANCIAL ASSETS:

a. BANK OR CREDIT UNION ACCOUNTS/LIQUID ASSETS (Note: you must provide bank statements or other proof of account balance on Decedent's date of death. If you are a Successor Personal Representative, give the balance on the date of your Letters. If you are missing a statement for any account, you must provide an explanation for the missing statement and provide other proof of balance):

Bank/Financial Institution	Last Four Digits of Account Number	Account Balance on Date of Death

TOTAL BALANCE OF BANK/CREDIT UNION/LIQUID ASSETS \$ _____

If any statements are missing, explain: _____

b. OTHER FINANCIAL ACCOUNTS/ASSETS (include brokerage accounts, stocks, bonds, CDs, mutual funds, other securities):

Description	Last Four Digits of Account Number, if any	Value on Date of Death

TOTAL VALUE OF OTHER FINANCIAL ACCOUNTS/ASSETS \$ _____

3. OTHER PERSONAL PROPERTY/EFFECTS

a. VEHICLES, BOATS, CAMPERS, TRAILERS:

Description (list make, model, VIN, if applicable)	Est. Value

b. MISCELLANEOUS PERSONAL PROPERTY AND PERSONAL EFFECTS:

Description	Est. Value

TOTAL EST. VALUE OF OTHER PERSONAL PROPERTY/EFFECTS \$ _____

4. OTHER (Business interest, claim, or other asset not listed above)

Description	Est. Value

AMOUNT OF CURRENT BOND \$ _____

If applicable, please provide any note or memorandum of any other fact necessary to the exhibition of the true condition of the estate (O.C.G.A §53-7-67):

VERIFICATION AND CERTIFICATION BY FIDUCIARY

I/We, _____, hereby certify that the above inventory constitutes a true and correct statement of the assets of the Decedent at the time of his/her death to the best of my/our knowledge. Further, I/We have delivered a copy of this inventory to the heirs or beneficiaries, and surety, if any, as reflected on the attached Certificate of Mailing.

 Signature of Personal Representative

 Signature of Co-Personal Representative, if any

 Printed Name
 Sworn to and subscribed before me, this _____
 Day of _____, 20 _____.

 Printed Name
 Sworn to and subscribed before me, this _____
 Day of _____, 20 _____.

 Notary Public or Clerk of the Probate Court

 Notary Public of Clerk of the Probate Court

Signature of Attorney: _____

Typed/printed name of Attorney: _____

Address: _____

Telephone: _____ State Bar # _____

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STATE OF GEORGIA**

IN RE: ESTATE OF

ESTATE NO. _____

Decedent

Personal Representative

CERTIFICATE OF MAILING OF ESTATE INVENTORY

The undersigned certifies that, on this date, a copy of the Estate Inventory on the above Estate was provided by first-class mail, with adequate postage thereon, to the following persons (attach additional pages, if necessary):

_____ Name	_____ Address
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_____ Name	_____ Address
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_____ Name	_____ Address
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_____ Name	_____ Address
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_____ Name	_____ Address
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_____ Signature of Personal Representative/Attorney	_____ Signature of Co-Personal Representative, if any
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_____ Printed Name	_____ Printed Name
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