

SAFE DEPOSIT BOX INVENTORY

PLEASE USE ORIGINAL FORM ONLY

| | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| Social Security or Death Certificate Number | Date of Death | County Code | Year | File Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| Decedent's Last Name | Suffix | Decedent's First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 ADDRESS OF DECEDENT STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

3 NAME AND ADDRESS OF PERSON REQUESTING THE OPENING OF THE SAFE DEPOSIT BOX
NAME: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

4 NAME, ADDRESS AND RELATIONSHIP (IF ANY) TO DECEDENT, OF PERSON(S) PRESENT AT THE BOX OPENING

a. NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

b. NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

c. NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

5 NAME AND ADDRESS OF FINANCIAL INSTITUTION WHERE THE SAFE DEPOSIT BOX IS LOCATED
NAME: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

6 NAME OF PERSON MAKING LAST ENTRY **7 DATE AND TIME OF LAST ENTRY**

8 DATE OF CONTRACT TO RENT BOX **9 NUMBER OF BOX** **10 TITLE UNDER WHICH BOX IS REQUESTED**

11 NAME AND ADDRESS OF PERSON(S) HAVING ACCESS TO BOX

| | |
|---|---|
| a. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ | b. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ |
|---|---|

12 NAME AND TITLE OF EMPLOYEE TAKING THE INVENTORY

13 WAS A WILL IN THE BOX? YES NO If yes, a. Date of will: _____

b. Name and address of personal representative, if named in the will
NAME: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

c. Name and address of attorney, if any
NAME: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____



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INSTRUCTIONS

- (1) **Cash:** Report total only.
- (2) **Stocks:** List in detail every common or preferred certificate, warrant or other rights found in box. Stocks are to be designated by name of company, certificate number, date of certificate, name in which stock is registered, and number of shares and class of stock.
- (3) **Obligations of U.S. Government:** Number of items, date of issue, face value, names in which registered and type of ownership, i.e., jointly held, payable on death, etc.
- (4) **Bonds:** Designate by name, amount, serial number, or other designation. (Bearer Bonds)
- (5) **Bank and Savings and Loan Passbooks:** State name of depositor, number of book, last date appearing in book, name of bank and branch, and balance.
- (6) **Jewelry, Coins, Stamps, Manuscripts, etc:** List and describe as fully as possible.
- (7) **Deeds, Mortgages, Current Insurance Policies or other evidences of indebtedness:** List and describe as fully as possible.
- (8) **All other contents.**

(9) **Return completed form to:**

DEPARTMENT OF REVENUE
INHERITANCE TAX DIVISION
 PO BOX 280601
 HARRISBURG PA 17128-0601

| ITEM NO. | ITEM DESCRIPTION |
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|---|-------|---|--|
| I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE RECORD IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | PERSON RECEIVING COPY OF SAFE DEPOSIT BOX INVENTORY: | |
| SIGNATURE: | | SIGNATURE: | |
| PRINT NAME: | | PRINT NAME AND CHECK APPROPRIATE BOX BELOW: | |
| PRINT TITLE: | DATE: | CHECK APPROPRIATE BOX: <input type="checkbox"/> Executor(trix) <input type="checkbox"/> Administrator(trix) <input type="checkbox"/> Estate Representative <input type="checkbox"/> Joint owner of safe deposit box | |

NOTE: Attach additional 8 1/2" x 11" sheet(s) if necessary or use duplicates of this page of form.
 The Department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The Department uses the Social Security number to identify the decedent and personal representatives of the estate. The Commonwealth may also use the information in exchange of tax information agreements with Federal and local taxing authorities. The state law prohibits the Commonwealth's personnel from disclosing confidential tax information except for official purposes.