SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

PROBATE DIVISION

ite of			ADM
		Date of Death	
	Deceased	Date of Appointment	
		Supervised esta	ate Unsupervised esta
NOTICE is	hereby given that the supervised	personal representative of the a	bove estate will file the enclose
Inventory with th	ne Court on or before	(Fill in date within 3 mont	hs from date of appointment)
			is from dute of appointment,
]	INVENTORY Summary	
Sched	ule Type of Property	•	Appraised Value
A	Real property in the Distr	rict of Columbia \$	
В	Tangible personal	-	
C	Corporate Stocks	-	
D	Bonds, notes, mortgages,	debts due to the decedent	
E	Bank accounts, building a savings and loan accounts		
F	Debts owed to the decede representative	ent by the personal	
G	All other interests	-	
		TOTAL\$	
Instruc	tions: Complete all pertinent schedules	s and summary. See D.C. Code, secs.	20-711 and 712.
	V	ERIFICATION	
the best of my kr	y declare and affirm under penalty of nowledge, information, and belief, the knowledge a complete inventory of	at it has been prepared by me or un	nder my direction, and is

CERTIFICATE

There has been mailed or delivered to all interested persons, within the 15 days previous to the filing of this inventory, a copy of the inventory or a notice that it would be filed on or before a stated date. Personal Representative(s) or Attorney(s) **VERIFICATION AND CERTIFICATE** PURSUANT TO SCR-PD 103(b)(3) or 403 (b)(4) I have mailed or caused to be mailed a copy of the notice of appointment and general information statement as required in D.C. Code, sec. 20-704 (a) and (b) on the ______ day of ______, _____, to the following persons: List of names and addresses of all heirs, legatees, and creditors referred to in D.C. Code, sec. 20-704(b) (Attach additional sheets if necessary) <u>Name</u> <u>Address</u> I have previously filed or file herewith proofs of publication as required by SCR-PD 103(b)(3) or 403(b)(4). I do solemnly declare and affirm under penalty of law that the contents of the foregoing document are true and correct to the best of my knowledge and belief. Dated: _____ Personal Representative(s)_____ Attorney: _____

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	ADM
state of	
Deceased	
INVENTORY SCHEDULE	()
USE A SEPARATE SHEET FOR EAC	H SCHEDULE
Include a description of the type and amount of any encumbrance	e but do not deduct it from value column.
em No. Description	Value
	TOTAL \$
Appraiser's Verification	
he property described above has been impartially appraised by me to the	
onstitutes all of the property of the named decedent of the type encompa-	ssed by this schedule of which I have
nowledge and with the appraisal of which I have been charged.	
do solemnly declare and affirm under penalty of law that the contents of	this Inventory Schedule () are true
nd correct to the best of my knowledge, information, and belief.	
Approject	
Appraiser	
	(Print name)
	(Print name) (Signature)