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| FORM 10 |
| INVENTORY OF ASSETS AND LIABILITIES  |
| Rule 35 |
| IN THE SUPREME COURT OF TASMANIA  |
| PROBATE REGISTRY  |
|  |
| In the matter of the Estate of: | FULL NAME*[full name of deceased including, in brackets, “in the Will called…” and/or “also known as…” if the name of the deceased differs in the Will or if the deceased is known by any other name]*  |
| **TASMANIAN ASSETS**  |
| Description  | Source of valuation | Value  |
| *[e.g. real property at* address*/ CT 0000/00*  | *[State the source of the valuation for each asset i.e. government valuation,* executor's *estimate, market value]* | $ |
| *bank account with bank name account number 0000000* |  |  |
| *motor vehicle make and model and registration number 00000,*  |  |  |
| *superannuation with fund name member number 00000 (payable to estate)…* |  |  |
| *00 x shares (company name)* |  |  |
| *household goods, cash in hand, collections, tools, any other assets owned by the deceased]* |  |  |
|  | Gross value | $ |
|  **ASSETS OUTSIDE TASMANIA**  |
| Description  | Jurisdiction | Source of valuation | Value  |
| *[e.g. real property at* address*/ CT 0000/00*  | *[Indicate the Australian state or territory, or, if* outside *Australia, the country in which the asset is located.]* | *[State the source of the valuation for each asset i.e. government valuation, executor's estimate, market value]* | $ |
| *bank account with bank name account number 0000000* |  |  |  |
| *motor vehicle make and model and registration number 00000,*  |  |  |  |
| *superannuation with fund name member number 00000 (payable to estate)…* |  |  |  |
| *00 x shares (company name)* |  |  |  |
| *household goods, cash in hand, collections, tools, any other assets owned by the deceased]* |  |  |  |
|  |  | Gross value | $ |
|  **LIABILITIES** |
| Name of creditor | Description  | Amount  |
| *[e.g. mortgage account with* bank *name account number 0000000* | [*Describe in sufficient detail as to identify the liability i.e. mortgage account number* 00000*, unsecured loan repayable on or before 00/00/0000, funeral account]* | $ |
| *funeral account with name of funeral home* |  |  |
| *credit card with bank name* |  |  |
| *any other liability in the name of the deceased]* |  |  |
|  | Total liabilities | $ |
|  | Net value of estate | $ |
|  |  |  |
| NOTES: |
| Please insert details relevant to your application where blue text appears. |
| Text with a \* next to it indicates that it is an option. You must select the applicable option/s and/or delete the \*options which are not applicable |
| If a section of the form does not apply to your application please simply state “not applicable” next to the relevant section. |
| Guidance on completing this form is contained in [square brackets] and *italics*. Please delete the guidance which appears in square brackets and is italicized from your final draft. |
| Otherwise, please do not amend the format or content of this form. |