|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | |