48500041046

REV-485 EX (05-04)

SAFE DEPOSIT BOX INVENTORY

PA Department of Revenue

PLEASE USE ORIGINAL FORM ONLY

START →

Social Security or Death Certificate Number | Date of Death MM/DD/YYYY | County Code | Year YY | File Number

Decedent's Last Name | Suffix | First Name | MI

2 ADDRESS OF DECEDENT STREET: 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 MM/DD/YYYY

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:** MM/DD/YYYY

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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REV-485 EX

SAFE DEPOSIT BOX INVENTORY

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
DEPT. 280601
HARRISBURG, PA 17128-0601

ITEM NO.	ITEM DESCRIPTION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE RECORD IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

PLEASE SIGN AFTER PRINTING THIS PAGE

PRINT NAME

PRINT TITLE

DATE DD/MM/YYYY

PERSON RECEIVING COPY OF SAFE DEPOSIT BOX INVENTORY:

SIGNATURE

PLEASE SIGN AFTER PRINTING THIS PAGE

PRINT NAME AND CHECK APPROPRIATE BOX BELOW:

CHECK APPROPRIATE BOX:

☐ Executor(trix) ☐ Administrator(trix)
☐ Estate Representative ☐ Joint owner of safe deposit box

NOTE: Attach additional 8½″ 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.

Reset Entire Form RETURN TO PAGE ONE RETURN TO TOP OF PAGE PRINT FORM