

**SCHEDULE G  
INTER-VIVOS TRANSFERS &  
MISC. NON-PROBATE PROPERTY**

Use Schedule G, Part 2, **ONLY** for proportionate method of tax computation.

ESTATE OF \_\_\_\_\_

FILE NUMBER \_\_\_\_\_

Part 1 must include all transfers of real estate and tangible personal property located in Pennsylvania.  
**Complete Part 2 ONLY when the proportionate method of tax computation is elected.**

Include in the description of property the date the transfer was made and the name and relationship of the transferee. This schedule must be completed and filed if the answer to questions 1 through 4 on the reverse side of the REV-1737 cover sheet is yes.

**PART 1 – REAL PROPERTY OR TANGIBLE PERSONAL PROPERTY LOCATED IN PENNSYLVANIA THAT WAS TRANSFERRED**

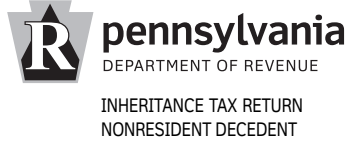
ITEM NUMBER	DESCRIPTION OF PROPERTY Include the name of the transferee, the relationship to Decedent and the date of transfer. Attach a copy of the deed for real estate.	DATE OF DEATH VALUE OF ASSET	% OF DECD'S INTEREST	EXCLUSION (IF APPLICABLE)	TAXABLE VALUE
1.					
<b>PART 1 TOTAL</b>		\$		\$	\$

**PART 2 – ALL OTHER TRANSFERS**

ITEM NUMBER	DESCRIPTION OF PROPERTY Include the name of the transferee, the relationship to Decedent and the date of transfer. Attach a copy of the deed for real estate.	DATE OF DEATH VALUE OF ASSET	% OF DECD'S INTEREST	EXCLUSION (IF APPLICABLE)	TAXABLE VALUE
1.					
<b>PART 2 TOTAL</b>		\$		\$	\$

**TOTAL** (Also enter on Line 7, Recapitulation.) \$

(If more space is needed, use additional sheets of paper of the same size)



**SCHEDULE H  
FUNERAL EXPENSES &  
ADMINISTRATIVE COSTS**

Use Schedule H **ONLY** for proportionate method of tax computation.

ESTATE OF \_\_\_\_\_

FILE NUMBER \_\_\_\_\_

**Debts of decedent must be reported on Schedule I.**

ITEM NUMBER	DESCRIPTION	AMOUNT
A. 1.	FUNERAL EXPENSES:	
B. 1.	ADMINISTRATIVE COSTS: Personal Representative's Commission(s)  Name(s) of Personal Representative(s) _____ (Submit requested information for additional personal representative's on additional sheets)  Social Security Number(s) or EIN Number(s) of Personal Representative(s) _____  Street Address(es) _____  City(ies) _____ State(s) _____ ZIP(s) _____  Year(s) Commission Paid _____	
2.	Attorney Fees	
3.	Probate Fees	
4.	Accountant's Fees	
5.	Tax Return Preparer's Fees	
6.	Miscellaneous Expenses	
<b>TOTAL</b> (Also enter on Line 9, Recapitulation.)		<b>\$</b>

(If more space is needed, use additional sheets of paper of the same size)