

**SAFE DEPOSIT
BOX INVENTORY**

PLEASE USE ORIGINAL FORM ONLY

SECTION I DECEDENT INFORMATION

Decedent Last Name		Decedent First Name		Decedent Middle Name	
County File Number			SSN (required)		Date of Death

SECTION II REQUESTER INFORMATION

Name of Person Requesting the Opening of the Safe Deposit Box

Street Address

City

State	ZIP Code
-------	----------

Signature

Title	Date
-------	------

Name of Person(s) Present at the Box Opening

Relationship (if any)

Street Address

City

State	ZIP Code
-------	----------

Please attach additional sheets if more people are present.

SECTION III FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution

Street Address

City

State	ZIP Code
-------	----------

Name of Person Making Last Entry

Date of Last Entry	Time of Last Entry
--------------------	--------------------

Date of Contract to Rent Box

Number of Box	Title Under Which Box is Requested
---------------	------------------------------------

Name of Person(s) Having Access to Box

Street Address

City

State	ZIP Code
-------	----------

Please attach additional sheets if necessary.

Name of Individual Taking Inventory

Title



4850019101

4850019101

Instructions for REV-485

Safe Deposit Box Inventory

REV-485 IN (EX) MOD 08-19

GENERAL INFORMATION

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.

LINE INSTRUCTIONS

SECTION I

DECEDENT INFORMATION

Enter information for the decedent, and the county file number.

SECTION II

REQUESTER INFORMATION

Enter the name and address of the person requesting the opening of the safe deposit box. The requester must then sign and date.

The name and address of any present parties must be listed along with relationship (if any) to the decedent. Please attach additional sheets if needed.

SECTION III

FINANCIAL INSTITUTION INFORMATION

Enter the name and address of the financial institution where the safe deposit box is located.

Also list the name of person making last entry along with the date and time. Include the date of contract, number of box and title under which box is requested.

Enter the name of person(s) having access to box along with their address.



NOTE: Attach additional 8 1/2" x 11" sheet(s) if necessary.

Enter the name and title of the individual taking the inventory.

SECTION IV

INVENTORY

Indicate if a will is in the box. If so enter the date.

Enter the name of the personal representative (if named in the will) along with address.

Enter the name of attorney present (if any) along with address.

List the items with description, and attach additional sheets if necessary. Be sure to include:

- **Cash:** Report total only.
- **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.
- **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.
- **Bonds:** Designate by name, amount, serial number, or other designation. (Bearer Bonds)
- **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.
- **Jewelry, Coins, Stamps, Manuscripts, etc:** List and describe as fully as possible.
- **Deeds, Mortgages, Current Insurance Policies or other evidences of indebtedness:** List and describe as fully as possible.
- **All other contents.**

Return completed form to:

**PA DEPARTMENT OF REVENUE
INHERITANCE TAX DIVISION
PO BOX 280601
HARRISBURG PA 17128-0601**