

**SCHEDULE "A" REAL PROPERTY
RESIDENT DECEDENT**
(See Instructions on reverse side)

Decedent's Name	/ / Decedent's Social Security Number
-----------------	--

Description of New Jersey Real Estate	Full Assessed Value for Year of Death	Full Market Value at Date of Death	Value of Decedent's Interest and (How Determined)	This Column for Division Use
1. Street and Number Municipality: Lot: Block: County: Title/Owner of Record:				
2. Street and Number Municipality: Lot: Block: County: Title/Owner of Record:				
3. Street and Number Municipality: Lot: Block: County: Title/Owner of Record:				
4. Street and Number Municipality: Lot: Block: County: Title/Owner of Record:				

Insert this total on page 1, line 1

--

SCHEDULE "B" CLOSELY HELD "BUSINESSES"
RESIDENT DECEDENT
(See Instructions on reverse side)

Decedent's Name _____

_____/_____/_____
Decedent's Social Security Number

Name and Federal Identification Number of Any Sole Proprietorship, Partnership, Joint Venture and/or Closely Held Corporation in Which the Decedent Held Any Interest	Market Value at Date of Death	This Column for Division Use
1.		
2.		
3.		
4.		
Insert this total on page 1, line 2		

(If additional space is required, attach riders of the same size)

**SCHEDULE B (1) - BANK ACCOUNTS/BROKERAGE ACCOUNTS
RESIDENT DECEDENT**

Decedent's Name _____

Decedent's Social Security Number _____

This schedule may include checking accounts, savings accounts, money markets, credit unions, CD's, brokerage accounts, mutual funds, and IRA's.

- (A) **Include the name of each bank or institution** on which decedent's name appears.
 - 1) State all names registered on each account, along with account number of each.
 - 2) *Multiple accounts in one bank may be grouped together, but each account must be listed separately.*
- (B) Report the **full date of death balance** of each account in "Date of Death Value" column.
 - 1) **BROKERAGE ACCOUNTS** require account totals only on this schedule.
 - 2) Brokerage statements must be included with the return.
- (C) List decedent's equity in account (If 100% , amount will be the same as (B).)
 - 1) *Claims for partial ownership must be supported in supplemental affidavits.*

(A) Bank Accounts - Individually or Jointly Owned	(B) Date of Death Value	(C) Decedent's Equity	Division Use Only
Insert this total on SCHEDULE B-1 Recapitulation, Line 1			

**SCHEDULE B (1) - STOCK
RESIDENT DECEDENT**

DO NOT INCLUDE STOCK HELD IN A BROKERAGE ACCOUNT ON THIS SCHEDULE

Decedent's Name _____

Decedent's Social Security Number _____/_____/_____

- (A) Report the number of shares owned of each stock.
- (B) List the name of the company and all names registered on each stock.
- (C) List the state of registration for each corporation (ie., NJ, DE, MD, etc.), if known.
- (D) Report the per-share market value of each stock as of the date of death.
- (E) Full market value of all shares (number of shares x per share value).
- (F) Total value of decedent's equity (*Claims for partial ownership must be supported in supplemental affidavits*).
(List accrued dividends as of date of death along with each item.)

(A) Number of Shares	(B) Name of Stock - Registered Owner(s)	(C) State of Inc.	(D) Date of Death Per Share Value	(E) Total Market Value	(F) Decedent's Equity	Division Use Only
Insert this total on SCHEDULE B-1 Recapitulation, Line 2						

**SCHEDULE B (1) - MUNICIPAL & CORPORATE BONDS
RESIDENT DECEDENT**

DO NOT INCLUDE BONDS HELD IN A BROKERAGE ACCOUNT ON THIS SCHEDULE

Decedent's Name _____

_____/_____/_____
Decedent's Social Security Number

- (A) Provide name of company or entity holding bond and all terms of bond.
 1) List all names registered on each bond.
- (B) Report full date of death value of bonds.
 1) Include accrued dividends as of date of death.
- (C) List decedent's equity in bond (If 100% , amount will be the same as (B)).

Note: U.S. Savings Bonds should be listed on Schedule B-1 "All Other Property".

(A) Bonds - Individually or Jointly Owned	(B) Date of Death Value	(C) Decedent's Equity	Division Use Only
Insert this total on SCHEDULE B-1 Recapitulation, Line 3			

**SCHEDULE B (1) - ALL OTHER PROPERTY
RESIDENT DECEDENT**

Decedent's Name _____

_____/_____/_____
Decedent's Social Security Number

List all other property owned by the decedent, including (but not limited to):

- U.S. Obligations (Savings Bonds or Treasury Certificates)
- Automobiles or other vehicles
- Personal property, collections, furniture, etc.
- Mortgages and notes owned by decedent
- Cash and uncashed checks
- Interest in a prior estate
- Accounts receivable

Other Property - Individually or Jointly Owned	Date of Death Value	Division Use Only
Insert this total on SCHEDULE B-1 Recapitulation, Line 4		

(If additional space is required, attach riders of the same size. All forms may be reproduced)

**SCHEDULE "C" TRANSFERS
RESIDENT DECEDENT**

Decedent's Name _____

Decedent's Social Security Number _____

(ALL QUESTIONS MUST BE ANSWERED)

1. Did decedent, within three years of death, transfer property, valued at \$500.00 or more, without receiving full financial consideration therefor? Yes No
2. Did decedent, at any time, transfer property, reserving (in whole or in part) the use, possession, income, or enjoyment of such property? Yes No
3. Did decedent, at any time, transfer property on terms requiring payment of income to decedent from a source other than such property? Yes No
4. Did decedent, at any time, transfer property, the beneficial enjoyment of which was subject to change because of a reserved power to alter, amend, or revoke, or which could revert to decedent under terms of transfer or by operation of law? Yes No
 If answer to any of the above questions is "Yes", set forth a description of property transferred, the fair market value at date of death, dates of transfers, and to whom transferred. Submit copy of trust deed or, agreement, if any. (If transfers are claimed to be untaxable, also submit detailed statement of facts on which such claim is based, proof as to decedent's physical condition and copy of death certificate.)
5. Was decedent a participant in any pension plan that provided for payment of an annuity or lump sum on or after death to another? Yes No
6. Did decedent purchase or in any manner participate in any contract or plan providing for payment of an annuity or lump sum on or after death to another, *except life insurance contracts* payable to a designated beneficiary? Yes No
 (Matured endowment policies, claim settlement certificates, supplementary contracts, annuity contracts and refunds thereunder and interest income certificates even though issued by an insurance company are not considered life insurance contracts.)
7. Was a single premium life insurance policy issued on decedent's life in conjunction with an annuity contract? Yes No
 If answer to questions 5, 6 or 7 is "Yes" attach photostatic copies of all such contracts, plans, and policies.
8. Were any accumulated dividends due on any contract of insurance? (If yes, list below) Yes No

Date of Transfer; Description of Property, Both Real and Personal: Actual Consideration if Any; Names and Relationship to Decedent of Donees, Assignees, Transferees, etc.	Market Value at Date of Death	This Column for Division Use
1.		
Insert this total on page 1, line 4		

(If additional space is required, attach riders of the same size)

**SCHEDULE "D" DEDUCTIONS CLAIMED
RESIDENT DECEDENT
(See Instructions on reverse side)**

Decedent's Name _____

Decedent's Social Security Number _____ / _____ / _____

Debt or Claim of	Nature of Same	Amount	This Column for Division Use
Name: _____ Name: _____ Names: _____ SS# _____ / _____ / _____ _____ SS# _____ / _____ / _____ _____ List Mortgages Here: _____ _____ _____	Estimated Expenses for: <input type="checkbox"/> Funeral <input type="checkbox"/> Administration Counsel Fees: <input type="checkbox"/> Agreed Upon <input type="checkbox"/> Estimated Executor's or Administrator's Commissions (Must not be claimed unless reported for Income Tax purposes.) Other Deductions (list individually)		
Insert this total on page 1, line 6			