



HARRISBURG, PA 17128-0601

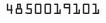
4850019101

SAFE DEPOSIT BOX INVENTORY

PLEASE USE ORIGINAL FORM ONLY

SECTION I DECEDENT INFO	ORMATION						
Decedent Last Name	Decedent First Name	Decedent First Name Decedent Middle I			lame		
County File Number		SSN (required)	SSN (required)		Date of Death		
SECTION II REQUESTER IN		'		<u>'</u>			
Name of Person Requesting the Opening of the	e 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.						
	TITUTION INFORMAT	ION					
Name of Financial Institution							
Street Address							
City				State	ZIP Code		
Name of Person Making Last Entry			Date of Last Entry Time of Last		of Last Entry		
Date of Contract to Rent Box	Number of 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				Title			







4850019201

REV-485 (EX) MOD 08-19

SECTION IV INVENTORY										
Was a Will	in the Box?	Yes	O No		If Yes, Date of Will					
Name of P	ersonal Repres	entative (If Named in t	he Will)							
Street Add	ress									
City						State	ZIP Code			
Name of A	ttorney (If Any)									
Street Add	ress									
City						State	ZIP Code			
ITEM NO.				ITEM DESCRIPTION						
			Diagon attach ad	ditional sheets if necessary.						
SECTIO	N V	CERTIFICATION	Flease allacii au	ulloriai sileets ii flecessary.						
			ecord is correct and c	omplete to the best of my know	vledge and belief.					
Name		-		Signature	-	Title				
Telephone Number Email		Email Address			Date					



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REV-485 IN (EX) MOD 08-19

Pennsylvania Department of Revenue

Instructions for REV-485

Safe Deposit Box Inventory

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 81/2" 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