

SAFE DEPOSIT BOX INVENTORY



PA Department of Revenue

PLEASE USE ORIGINAL FORM ONLY

Social Security or Death Certificate Number	Date of Death	County Code	Year	File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decedent's Last Name	Suffix	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 **9 NUMBER OF BOX** **10 TITLE UNDER WHICH BOX IS REQUESTED**

11 NAME AND ADDRESS OF PERSON(S) HAVING ACCESS TO BOX

a. NAME: <input type="text"/> STREET ADDRESS: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE: <input type="text"/>	b. NAME: <input type="text"/> STREET ADDRESS: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE: <input type="text"/>
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12 NAME AND TITLE OF EMPLOYEE TAKING THE INVENTORY

13 WAS A WILL IN THE BOX? YES NO If yes, a. Date of will:

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:

