

CAUSE NO. \_\_\_\_\_

IN THE ESTATE

OF

\_\_\_\_\_

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IN THE COUNTY COURT

AT LAW NO. 2 OF

HUNT COUNTY, TEXAS

**INVENTORY, APPRAISEMENT, AND LIST OF CLAIMS**

Date of Executor/Administrator's Qualification: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Bond Amount \$ \_\_\_\_\_ OR ☐ Waived

The following is a full, true, and complete inventory and appraisal of all personal property, of all real property located in the State of Texas, together with a list of claims due and owing to this Estate as of the date of death of Decedent, which have come to the possession or knowledge of the undersigned Executor/Administrator:

**SUMMARY OF ESTATE'S ASSETS**

<b>REAL PROPERTY</b>	<i>(See Schedule A)</i>	<b>\$</b>
<b>STOCKS, BONDS, AND SECURITIES</b>	<i>(See Schedule B)</i>	<b>\$</b>
<b>MORTGAGE, NOTES AND CASH</b>	<i>(See Schedule C)</i>	<b>\$</b>
<b>INSURANCE PAYABLE TO THE ESTATE</b>	<i>(See Schedule D)</i>	<b>\$</b>
<b>JOINTLY OWNED PROPERTY</b>	<i>(See Schedule E)</i>	<b>\$</b>
<b>PERSONAL PROPERTY</b>	<i>(See Schedule F)</i>	<b>\$</b>
<b><i>TOTAL ESTATE ASSETS</i></b>		<b>\$</b>

**LIST OF CLAIMS OWING TO ESTATE**

☐ No Claims Due or Owing to the Estate)

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b><i>TOTAL CLAIMS</i></b>			<b>\$</b>

The Inventory, Appraisement, and List of Claims should be approved, ordered, and entered into record.

Respectfully submitted,

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Date

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Attorney  
State Bar No.:  
Email:  
Fax:  
Phone:  
Address:

CAUSE NO. \_\_\_\_\_ IN THE ESTATE OF \_\_\_\_\_

**SCHEDULE A**

**Real Property**

*(Please attach copy of any deeds to property solely owned by the Decedent at the time of death, include value of property)*

☐ **DECEDENT HAD NONE**

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL REAL PROPERTY VALUE</b>		\$	

CAUSE NO. \_\_\_\_\_ IN THE ESTATE OF \_\_\_\_\_

**SCHEDULE B**

**Stocks, Bonds and Securities**

*(Please list any stocks and bonds owned by the Decedent at the time of death.  
Specify Institution/Last 4 Digits of Account, and Type of Account)*

☐ **DECEDENT HAD NONE**

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL STOCKS/BONDS/SECURITIES</b>		\$	

IN THE ESTATE OF \_\_\_\_\_

(Please list any checking and/or savings accounts that were solely in the Decedent's name at the time of death.  
Specify Institution/Last 4 Digits of Account, and Type of Account)

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
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	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL CASH</b>		\$	

IN THE ESTATE OF \_\_\_\_\_

### Insurance Payable to Estate

☐ DECEDENT HAD NONE

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL INSURANCE PAYABLE</b>		\$	

CAUSE NO. \_\_\_\_\_

IN THE ESTATE OF \_\_\_\_\_

**SCHEDULE E**  
**Jointly Owned Property**

*(Please attach copy of any deeds to property jointly owned by the Decedent at the time of death, include value of property)*

☐ **DECEDENT HAD NONE**

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL JOINT OWNED PROPERTY VALUE</b>		\$	

CAUSE NO. \_\_\_\_\_ IN THE ESTATE OF \_\_\_\_\_

**SCHEDULE F**  
**Personal Property**

☐ **DECEDENT HAD NONE**

Description	Community	Separate	Value
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL PERSONAL PROPERTY VALUE</b>		\$	



## OATH

STATE OF TEXAS §

COUNTY OF \_\_\_\_\_ §

I, \_\_\_\_\_, Executor/Administrator in the above listed case, having been duly sworn, state on oath that the foregoing Inventory, Appraisement, and List of Claims is a true and complete statement of all the property and claims of the Decedent's estate that have come to my knowledge.

Executor/Administrator

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_

on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL:

Notary Public, State of Texas

CAUSE NO. \_\_\_\_\_

IN THE ESTATE

OF

\_\_\_\_\_

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IN THE COUNTY COURT

AT LAW NO. 2 OF

HUNT COUNTY, TEXAS

**ORDER APPROVING INVENTORY, APPRAISEMENT AND LIST OF CLAIMS**

The foregoing Inventory, Appraisement and List of claims of the above Estate having been filed and presented and the Court having considered and examined the same and being satisfied that it should be approved and there having been no objections made thereto, it is in all respects **APPROVED** and **ORDERED** entered of record.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**JUDGE JOEL D. LITTLEFIELD**  
**HUNT COUNTY, TEXAS**