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Inventory Of Estate

Inventory of Estate in connect	tion with the Estate of				
who died on the		ld/mmm/yy) as of		_day of	, 20
	SCRIPTION OF PERSONAL PR	OPERTY (NOT R		RTY)	
Stocks and Bonds:					
(attach current statements)			\$		
Mortgogos			\$		
Mortgages:			φ		
Cash and where cash is deposited:			\$		
All other personal property:					
(provide breakdown on a separate sheet of paper)			\$		
Provide plans for the personal property above:					
	REAL PF	ROPERTY			
Location	Description	Value		Mortgage	
		\$		\$	
		\$		\$	
		\$		\$	
		Ψ		Ψ	
		\$		\$	
Provide plans for the real pro	perty noted above:	1 •			
	LIABILITIES (CURR				1
Name of Creditor	Address	Nature of Debt		Amount	
					\$
					¢
					\$
					\$
					\$
					\$

1. a) Does the estate include a business?(If yes, provide details and attach its latest year-end financial statements)	YES	NO
b) Provide your plans for this business:		
2. a) Are there any legal proceedings (current or anticipated)?	YES	NO
(If yes, provide details and the current status of the legal proceedings)		
b) Explain plans with respect to these legal proceedings:		
3. It is expected that the estate will be closed out within months, years.		

Declaration: The undersigned hereby declare(s) that:

1. All the information provided herein is to the best of my/our knowledge true, complete and correct and understand it will be used by the Surety to determine credit worthiness; and

2. I/We consent(s) to the Surety making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to any one with whom I/we have financial relations.

Privacy Consent

Please note that without your consent the Surety will be unable to consider your application.

The undersigned acknowledge that the evaluation of any application for products of the Surety will involve the collection, use and disclosure of personal information, including the information contained herein and other sources gathered through legal means.

Such collection, use and disclosure of personal information is for the purposes of underwriting bonds and policies, as well as bond or policy management, which shall include conducting initial and on-going credit investigations, as well as Surety activities associated with all extensions, renewals, substitutions and modifications of the bonds or policies, and claims administration.

In the ordinary course of the Surety's business, personal information may be disclosed to reinsurers, legal advisors, credit bureaus, other financial institutions, regulatory bodies and any third party deemed necessary by the Surety.

In the event information about other individuals (e.g. family members, employees, shareholders) is provided or collected from other sources, the undersigned represent and warrant that those persons have consented, to the extent required by law, to the collection, use and disclosure of their personal information for the afore-mentioned purposes.

The undersigned hereby agree and consent to the Surety's:

- a) collection and use of personal information concerning the undersigned for the purposes described above; and
- b) disclosure of the undersigned's personal information, for the purposes described above to such third parties as deemed necessary by the Surety.

Subject to any legal limitations, you may access and correct, where necessary, your personal information held by the Surety. If you would like to do so please contact the Surety's Privacy Officer at our registered address.

For further information, the Surety's Privacy Policy is available for review online at www.travelersguarantee.com.

IN WITNESS WHEREOF the undersigned have executed and sealed this Personal Net Worth Statement. this ______ day of ______, 20____.

Signed at				
Signature of Witness (Witness must be an unrelated third party)	Signature of Applicant/Indemnitor			
Printed Name of Witness	Printed Name of Applicant/Indemnitor			
Address of Witness	Address of Applicant/Indemnitor			
Phone Number of Witness	Phone Number of Applicant/Indemnitor			