

# SAFE DEPOSIT BOX INVENTORY

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	Decedent's First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**2 ADDRESS OF DECEDENT** STREET ADDRESS: \_\_\_\_\_ 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: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	b. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
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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: \_\_\_\_\_



