



**SUNSET HILL JEWELERS
&
FINE ARTS GALLERY**

23 North High Street - West Chester, PA 19380

Sandra Riper, GG

APPRAISAL TAKE-IN INVENTORY

Date _____

Name _____, _____ Mrs. Ms. Miss Mr. Mr. & Mrs. Dr.
Last First Initial

Address _____ City _____ Zip _____
Home Phone (____) ____-____ Work (____) ____-____ Ext. ____ Fax (____) ____-____

Purpose of Appraisal: Insurance Estate Tax Divorce Equitable Distribution Liquidation

Insurance Appraisal Information: (if known)

Insured with _____ Agent Co _____ Agent's Name _____, _____
Agent's Phone (____) ____-____ Agent's Fax (____) ____-____

Estate Appraisal Information:

Estate of _____, _____ Date of Death _____
Executor _____, _____ Mail to: _____

Number of Items _____

	Description
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