

ESTATE/TRUST INFORMATION SHEET

Decedent Information:

Name: _____
Address at time of Death: _____
County of Domicile: _____ (How long < 6 months?)
Year domicile established: _____
Date of Death: _____
Social Security No.: _____
Date of Birth: _____
Marital Status: _____
(if Married, Date of Marriage _____)
(If Separated or Divorced, Date final: _____)
(If Widowed, date of spouse's death: _____)

Personal Representative/Trustee Information:

Name: _____
Relationship to Decedent: _____
Social Security No.: _____
Date of Birth: _____
Mailing Address: _____
Per. Rep. Home Phone No.: _____
Work Phone No.: _____
Cell Phone No.: _____
E-mail Address: _____

Beneficiary Information:

<u>Name</u>	<u>Relationship/DOB</u>	<u>SSN</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET INFORMATION

Owned Real Estate? _____, if yes, Address _____, FMV _____

Owned a Lockbox? _____, if yes, Location _____, ? Contents known?

Please List: _____

Bank Accounts/Investment Accounts/Retirement Accounts/Annuities:

Institution	Account Type	Acct No.	Asset Balance (DOD)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks/Bonds/Securities:

Are stocks held in a brokerage account? If yes, please give broker name, phone, address:

_____.

Are stocks/bonds individually held? If yes, Location of certificates: _____

Issuer/Company	Certificate #	# of Shares	Value (DOD or specify)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Motor Vehicles:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>FMV</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance Policies (beneficiary = estate):

<u>Ins. Co.</u>	<u>Policy No.</u>	<u>Face</u>	<u>Death Benefit</u>	<u>?Loans Outstanding</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Personal Property Items (Jewelry, Household Goods):

Item Est. Value

OTHER NECESSARY INFORMATION:

Did Decedent own any business interests? If yes, please state:

Type of Business: _____

Name and Address of Business: _____

Name of Accountant and/or Attorney assisting with the business:

Did Decedent make any gifts and/or transfers of assets in the past 3 years? If yes, please state:

Were Gift Tax Returns filed? _____. If yes, please state years filed: _____

Did Decedent have any Trust interests? If yes, please state:

Was Decedent a grantor of any Trust? ____, if yes, please state the date the Trust was created: _____

Did Decedent create a Living Trust? ____, if yes, please state the date the Trust was created: _____.

Did Decedent possess any Power(s) of Appointment? ____, if yes, please identify the document which created such power: _____.

Was Power ever exercised? ____, if yes, please give date: _____.

Was Power general or limited? _____.

EXPENSES/DEBTS/CHARGES:

Medical Providers:

Provider	Address	Patient #	Balance owed
_____	_____	_____	_____
_____	_____	_____	_____

Credit Cards:

Company	Address	Account #	Balance owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mortgage/Home Equity Loans:

Lender	Address	Account #	Balance owed
_____	_____	_____	_____

Other Unpaid Debts:

Company	Address	Account #	Balance due
_____	_____	_____	_____
_____	_____	_____	_____

DOCUMENTS TO PROVIDE:

1. The original Last Will and Testament, if any.
2. The originals of any Codicils created, if any.
3. Original Death certificate.
4. The last years income tax returns for the Decedent (State and Federal).
5. Decedent's Gift Tax Returns filed with the IRS, if any.
6. The last months of all bank account statements.
7. The last months of all investment account statements.
8. The last months of all retirement account statements.
9. All Life Insurance policies owned by the Decedent, if any.
10. Copies of any Trust documents, if any.
11. All motor vehicle titles (including RV, boat, motorcycles....), if any..
12. Real Estate Deeds (Quitclaim, Warranty).