P R O B A T E   P L A N N I N G   W O R K S H E E T

Information provided is held in complete confidence, and is used for the sole purpose of analyzing your probate needs so that we can properly advise you. We appreciate your attempt to fill out this worksheet as best you can, understanding that there may be a lot of information that is not available to you at this point in time.

WE OFFER A FREE
NO-OBLIGATION, 45-MINUTE CONSULTATION

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PROBATE CHECKLIST

Estate of ______________________________________

Please obtain as much of the following information and as many relevant documents as possible.

- If an item definitely applies to this estate and you have completed it, so indicate by a check mark.
- If an item does not apply, mark it N/A.
- If you have not completed an item or if you are uncertain whether it applies, please circle it.

Please assemble the items in the order below, fill in the answers to the questions, and bring this list and the assembled materials with you to your appointment. We will then determine responsibility for completing missing items.

A. DOCUMENTS TO LOCATE AND BRING WITH YOU:

If any of the assets listed below were co-owned by the decedent and others, provide names and addresses of co-owners.

WILLS AND TRUSTS

❑ All signed copies of decedent's wills and codicils, if not already lodged with the court.

❑ Copies of all trusts created by or for the benefit of Decedent, or of which Decedent was a trustee.

❑ Current financial statement for each trust.

❑ Copies of any will under which Decedent inherited any property in the last 10 years and any other papers related to such inheritance.

PERSONAL INFORMATION

❑ Copy of Decedent' death certificate.

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❑ Copy of Decedent's obituary notice.

If Decedent served in military, bring certificate of discharge or separation.

❑ Copy of Decedent's financial statement for the last three years.

❑ Copies of the last three income tax returns filed by Decedent and copies of *all* gift tax returns ever filed by Decedent.

❑ Regarding family status, any pre- or post-nuptial agreements; any dissolution of marriage agreement or court orders regarding spousal or child support and property division.

REAL ESTATE

Deeds to all real estate owned by Decedent including vacation homes. If plats, abstracts, appraisals, property tax receipts, and title policies are available, bring them too. If real estate was not paid for, bring loan number, payment book, and address of mortgage company or other note holder and copies of notes, mortgages, trust deeds, and other documents.

PROBATE CHECKLIST

STOCKS AND BONDS

- ❑ Original bonds, including Series E and Series H bonds.
- ❑ Original stock certificates owned or registered in the name of Decedent.
- ❑ If securities are held in an account by a broker, please furnish most recent statement and name and address of firm where held.

BUSINESS INTERESTS

- ❑ Partnership, buy-sell, employment, stock purchase, stock option, and other agreements signed by decedent.
- ❑ If Decedent owned a business (or had other interests in closely held corporations, partnerships, or limited liability companies) provide most recent balance sheet and last five years' profit and loss statements; or provide name of person to contact regarding same.

RETIREMENT ASSETS

- ❑ Copies of most recent statements and underlying documents for pension plans, profit-sharing plans, individual retirement accounts, and 401(k) plans.

BANK ACCOUNTS

Most recent monthly statements for each bank, savings and loan, or credit union, checking account or savings account, and all passbooks and actual certificates.

MISCELLANEOUS ASSETS

All notes and accounts payable to Decedent and the name and address of each debtor. if secured, bring the security instruments. Provide copies.

Annuities. Provide copies of annuity contracts whether deferred income type annuities or retirement annuities.

Mineral interests, including oil and gas royalties, owned by or paid to Decedent. Bring as much additional information, including financial statements, related to these items as you can locate.

Titles to all automobiles, boats, airplanes, and other motor vehicles registered in the name of Decedent and, if subject to a loan, the loan number, payment books, name and address of each lien holder.

PROBATE CHECKLIST

INSURANCE

- ❑ All policies of life insurance on Decedent, any life insurance policy upon the life of another in which decedent had an interest.
- ❑ All fire and casualty policies.
- ❑ All health insurance policies on Decedent.
- ❑ Any other insurance policies.

SAFE DEPOSIT BOX

- ❑ Keys to safe deposit boxes. If box has already been inventoried and we do not have a copy, please bring inventory.

B I L L S

- ❑ Copy of funeral bills including cemetery lots, monuments, floral, and memorial costs including cleric and music providers.

B. INFORMATION TO BE OBTAINED:

I. Date of death and age at that date. ______________________

Date and place of Decedent's birth. ______________________

Decedent's business or occupation. ______________________

Decedent's residence address at time of death. ______________________

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Decedent's domicile if different from residence. ______________________

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Place of death. ______________________

Approximate date on which domicile established. ______________________

Decedent's Social Security/Medicare number. ______________________

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Military identification number. ______________________

VA identification number. ______________________

Dates of service and branch of service. ______________________

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Location of vacation or retirement residence if other than above. ______________________

2. Decedent's occupation at date of death and the name, address, and phone number of employer and of person to contact concerning benefits.

If Decedent was self-employed, list Decedent's trade name, business address, and employer identification number of Decedent's business.

If retired, give Decedent's former occupation, employer, and nature of business.

3. Club, fraternal, and lodge memberships of decedent.

4. The names and present addresses of the witnesses to the most recent will and all codicils. (If the will was prepared by this office and office witnesses were used, we will obtain this information. If the will was "self proved" or has an attestation clause you may wait to provide this information until the need for it is determined.)

Name, address, and phone numbers of each personal representative, trustee, and guardian (including alternates) named in Decedent's will, codicil, or trust agreement.

5. Marital status at death or name of deceased spouse. ____________________________________

6. Date and place of marriage and name, address, and Social Security number of Decedent's surviving spouse.

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Same information (other than Social Security number) with respect to any former spouse and include date of termination of prior marriages, whether terminated by death or divorce, and information regarding support and property division obligations.

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7. Names, addresses, and ages of all children ever born to or adopted by D, whether presently living or not, and if Decedent was married more than once, indicate the other parent. In case of predeceased child, list the child's children. In case of minors (under age 18), provide date of birth and name of parent or other legal guardian. If adopted child is a distributee, provide copy of adoption decree. Provide Social Security numbers of all such family members who are probate and nonprobate beneficiaries.

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8. If Decedent was not survived by spouse or descendants, provide the information below of Decedent's parents and other closest family members.

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If Decedent's will provides benefits to institutions or to persons other than family members *or* if such third parties take a part of Decedent's estate as insurance beneficiary, revocable trust beneficiary, or by joint tenancy, please furnish name, address, Social Security number, and relationship to Decedent for each of these persons. In case of minors (under age 18), provide date of birth and name of parent or other legal guardian.

9. Name and address of each bank where Decedent maintained or had access to or kept items in a safe deposit box, the names and addresses of all other persons having access to those boxes, and the numbers of those boxes and location of keys.

10. Names, addresses, and phone numbers of Decedent's accountants, attorneys other than this office, stockbrokers, life insurance agents, casualty insurance agents, health and accident insurance agents, and other professional advisors.

11. Name and account number and location of bank or savings association or credit union for each checking or savings account or certificate of deposit in which Decednet had an interest or on which Decedent could sign.

12. General description of all other business and investment property owned by Decedent including livestock, farm products, leasehold interests, mineral interests, copyrights, patents, and limited partnership and limited liability company interests. Bring as much additional information as you can locate, including financial statements, related to these entities.

13. General description of Decedent's tangible personal property including personal effects, jewelry, household goods and furnishings, art objects, and coin and stamp collections. Itemize only those of commercial value. Check to see if there were jewelry or fur floaters or casualty insurance policies. DO NOT DISTRIBUTE ANY PERSONAL PROPERTY UNTIL THE NEED FOR AN APPRAISAL IS DETERMINED.

14. List outstanding accounts, charge or credit card purchases made but not yet billed, and other debts owed by Decedent on the date of death. Provide names and addresses of creditors. If note or account is secured, bring copy of payment book and security instruments.

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15. Name, address, and phone number of funeral home.

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16. Expenses of last illness, including physicians, nurses, hospitals, drugs, sick room equipment, etc. Designate those paid at date of death (PD) and those subject to insurance reimbursement (IR).

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17. List all gifts and other transfers of more than nominal value that D made without a full and adequate consideration. Provide date, description of property, and name, address, relationship to Decedent and taxpayer identification number of donee. YOU MAY WAIT TO PROVIDE THIS INFORMATION UNTIL WE HAVE DISCUSSED THE EXACT NEED.

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18. If Decedent inherited any property during the past 10 years, please indicate which of the above property was so inherited. When furnishing above information, give name and docket number of estate from which such property was inherited, and if possible, bring copies of will and other papers relating to that prior estate.

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