

PROBATE INFORMATION SHEET

PERSONAL REPRESENTATIVE INFORMATION

Today's Date: _____

Full Name: _____

Address: _____

Telephone (Home) _____ Work: _____

Email: _____

Best Way to Contact: _____

SSN: _____ Devisee/Heir? __Yes__ No

P R relationship to decedent _____

Accountant information _____

| Questions | Y | N | Additional Information |
|-------------------------------------|---|---|------------------------|
| Are There Specific Bequests? | | | |
| Is There a Testamentary Trust? | | | |
| Will the PR take Fee? | | | |
| Is bond waived? | | | |
| Are there heirs not listed in Will? | | | |

DECEDENT INFORMATION

Full Name: _____

Date of Death: _____ SSN: _____

Address: _____

Decedent's Financial Planner: _____

HEIRS & DEVISEES

Name: _____ Relationship: _____

Percentage Distribution: _____ Heir ___ Devisee ___

Address: _____

Phone: _____ Email: _____

Social Security Number: _____

Name: _____ Relationship: _____

Percentage Distribution: _____ Heir ___ Devisee ___

Address: _____

Phone: _____ Email: _____

Social Security Number: _____

Name: _____ Relationship: _____

Percentage Distribution: _____ Heir ___ Devisee _____

Address: _____

Phone: _____ Email: _____

Social Security Number: _____

Name: _____ Relationship: _____

Percentage Distribution: _____ Heir ___ Devisee _____

Address: _____

Phone: _____ Email: _____

Social Security Number: _____

DOCUMENTS

| Documents from Client | Received Y/N | Additional Information |
|-------------------------------|--------------|------------------------|
| Death Certificate | | |
| Original Will | | |
| Authorization for Information | | |
| Blank SS-4 | | |
| Bank Account Form | | |
| Fee Agreement | | |

TOPICS TO COVER

| | | |
|------------------------------|-----------------------------|----------------------|
| 1) Letters Received | 1) Fiduciary | 1) Individual Return |
| 2) Info to Heirs/Publication | 2) No commingling | 2) Fiduciary Return |
| 3) Inventory | 3) Find and preserve Assets | 3) Estate Tax Return |
| 4) Affidavit of Compliance | 4) Search for Creditors | 4) Capital Gains |
| 5) Final Account | 5) Account to Beneficiaries | |
| 6) Distribution & Discharge | 6) Timely Administration | |

ASSETS (Indicate if Non-probate)

Real Property

| Street Address | City, State | Mortgage? | Estimated Value |
|----------------|-------------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

Bank Accounts

| Bank/Credit Union | Type of Account | Account # | Estimated Value |
|-------------------|-----------------|-----------|-----------------|
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| | | | |
| | | | |
| | | | |

Investment Accounts

| Financial Company | Type of Account | Account # | Estimated Value |
|-------------------|-----------------|-----------|-----------------|
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| | | | |
| | | | |
| | | | |

Stocks

| Company | Account # | No. of Shares | Estimated Value |
|---------|-----------|---------------|-----------------|
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| | | | |
| | | | |

Retirement

| Financial Company | Type | Account # | Estimated Value |
|-------------------|------|-----------|-----------------|
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| | | | |
| | | | |

Life Insurance

| Financial Company | Type | Account # | Estimated Value |
|-------------------|------|-----------|-----------------|
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| | | | |
| | | | |

Vehicles

| Year/Make/Model | VIN | Estimated Value |
|-----------------|-----|-----------------|
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| | | |
| | | |
| | | |

Personal Property

| Description | Special Bequest | Estimated Value |
|-------------|-----------------|-----------------|
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| | | |
| | | |
| | | |

Other Assets

| Description | Notes | Estimated Value |
|-------------|-------|-----------------|
| | | |
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| | | |
| | | |

DEBTS/CLAIMS

Real Property

| Mortgage Company | Address | City, State | Estimated Debt |
|------------------|---------|-------------|----------------|
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| | | | |
| | | | |
| | | | |

Consumer Debt

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|--|--|--|--|
| | | | |
| | | | |
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| | | | |

Preferred Claims (medical of last illness, taxes, cost of administration, funeral)

| Creditor | Type of Service | Account # | Estimated Debt |
|----------|-----------------|-----------|----------------|
| | | | |
| | | | |
| | | | |

General Claims

| Company | Type of Service | Account # | Estimated Debt |
|---------|-----------------|-----------|----------------|
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| | | | |
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