

## Estate Information Sheet

### ESTATE INFORMATION SHEET

Please answer the following questions as completely as possible. If the question does not apply, write N/A. We realize this form is quite involved; however, your taking the time to complete the form will assist us in more efficient administration of the estate.

Estate and/or trust of \_\_\_\_\_

#### General Information

1. Date of death \_\_\_\_\_
2. Social security number \_\_\_\_\_
3. Citizenship \_\_\_\_\_
4. Address of permanent residence at time of death \_\_\_\_\_  
\_\_\_\_\_
5. State of legal domicile \_\_\_\_\_
6. Year in which current domicile was established \_\_\_\_\_
7. Place of death \_\_\_\_\_
8. Cause of death \_\_\_\_\_
9. Length of last illness \_\_\_\_\_
10. Name and addresses of the decedent's regular physician \_\_\_\_\_  
\_\_\_\_\_
11. If confined in a hospital during the last illness or within three years before death, give the name and the address of the hospital:  
\_\_\_\_\_
12. Date of birth \_\_\_\_\_
13. Place of birth \_\_\_\_\_
14. Retired:  Yes  No
15. Business or occupation:  
    Position held (former one if retired) \_\_\_\_\_  
    Name of employer \_\_\_\_\_  
    Address \_\_\_\_\_
16. Marital status at date of death \_\_\_\_\_
17. If spouse survives, his or her name \_\_\_\_\_  
    Social security number \_\_\_\_\_  
    Date of marriage \_\_\_\_\_
18. State in which the decedent was legally domiciled at the date of this marriage  
\_\_\_\_\_
19. If the spouse was deceased, his or her name \_\_\_\_\_  
    Date of death \_\_\_\_\_
20. Children and all beneficiaries

- a. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- b. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- c. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- d. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- e. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- f. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- g. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_
- h. Name \_\_\_\_\_

Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_

i. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_

j. Name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
Date of birth \_\_\_\_\_

**Schedule A -- Real Estate**

**Real Estate Titled in the Decedent's Name Alone**

*Description -- include legal description, Appraised value or common address, and tax ID number state equalized value*

- 1. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a document containing the legal description for the property listed above and a copy of the most recent tax bill.

**Schedule B -- Stocks and Bonds**

**Stocks and Bonds Titled in the Decedent's Name Alone**

	<i>Description</i>	<i>Approximate value</i>
1.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Name _____	
	(2) Account no. _____	
2.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Name _____	
	(2) Account no. _____	
3.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Name _____	
	(2) Account no. _____	

Please include copies of the broker's statements for the month before, the month of, and the month after the decedent's death.

***Schedule C -- Mortgages, Notes, and Cash***

**Mortgages, Notes, and Cash (or Other Indebtedness Owed) in the Decedent's Name Alone**

	<i>Description</i>	<i>Value at date of death</i>
1.	Mortgages and notes _____	_____
	a. Debtor/mortgagee _____	
	Interest rate _____	
	Date of note/mortgage _____	
	b. Debtor/mortgagee _____	_____
	Interest rate _____	
	Date of note/mortgage _____	
	c. Debtor/mortgagee _____	_____
	Interest rate _____	

- Date of note/mortgage \_\_\_\_\_  
 d. Debtor/mortgagee \_\_\_\_\_  
 Interest rate \_\_\_\_\_  
 Date of note/mortgage \_\_\_\_\_  
 e. Debtor/mortgagee \_\_\_\_\_  
 Interest rate \_\_\_\_\_  
 Date of note/mortgage \_\_\_\_\_  
 f. Debtor/mortgagee \_\_\_\_\_  
 Interest rate \_\_\_\_\_  
 Date of note/mortgage \_\_\_\_\_

Please attach a copy of each mortgage or note.

2. Cash
- a. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 b. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 c. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 d. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 e. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 f. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

***Schedule D -- Insurance on the Decedent's Life***

*Description Value at date of death*

1. Company \_\_\_\_\_  
 Policy number \_\_\_\_\_  
 Face amount \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Beneficiary \_\_\_\_\_
2. Company \_\_\_\_\_  
 Policy number \_\_\_\_\_  
 Face amount \_\_\_\_\_  
 Owner \_\_\_\_\_

3. Beneficiary \_\_\_\_\_  
 Company \_\_\_\_\_  
 Policy number \_\_\_\_\_  
 Face amount \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Beneficiary \_\_\_\_\_
4. Company \_\_\_\_\_  
 Policy number \_\_\_\_\_  
 Face amount \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

***Schedule E, Part 1 -- Jointly Owned Property***

**Interests Held by the Decedent and His or Her Spouse as the Only Joint Tenants**

Stocks

- |    | <i>Description</i>  | <i>Value at date of death</i> |
|----|---|-------------------------------|
| 1. | Name of security _____<br>Number of shares _____<br>Certificate held by<br>a. <input type="checkbox"/> Decedent and spouse<br>b. <input type="checkbox"/> Broker<br>(1)    Location _____<br>(2)    Account no. _____ | _____                         |
| 2. | Name of security _____<br>Number of shares _____<br>Certificate held by<br>a. <input type="checkbox"/> Decedent and spouse<br>b. <input type="checkbox"/> Broker<br>(1)    Location _____<br>(2)    Account no. _____ | _____                         |
| 3. | Name of security _____<br>Number of shares _____<br>Certificate held by<br>a. <input type="checkbox"/> Decedent and spouse<br>b. <input type="checkbox"/> Broker<br>(1)    Location _____<br>(2)    Account no. _____ | _____                         |

Bonds

*Description Value at date of death*

- 1. Name and dollar amount of bond \_\_\_\_\_  
Held by
  - a.  Decedent and spouse
  - b.  Broker
    - (1) Location \_\_\_\_\_
    - (2) Account no. \_\_\_\_\_
- 2. Name and dollar amount of bond \_\_\_\_\_  
Held by
  - a.  Decedent and spouse
  - b.  Broker
    - (1) Location \_\_\_\_\_
    - (2) Account no. \_\_\_\_\_
- 3. Name and dollar amount of bond \_\_\_\_\_  
Held by
  - a.  Decedent and spouse
  - b.  Broker
    - (1) Location \_\_\_\_\_
    - (2) Account no. \_\_\_\_\_

Cash

*Description Value at date of death*

- 1. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_
- 2. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_
- 3. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_
- 4. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_
- 5. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_
- 6. Location and account no. \_\_\_\_\_  
Interest accrued to date of death \_\_\_\_\_

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate

*Description -- include legal description, Appraised value or  
common address, and tax ID numberstate equalized value*

1. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of all securities, bank statements (for the month before, the month of, and the month after the decedent's death), and tax bills for all real estate.

***Schedule E, Part 2 -- All Other Joint Interests***

Stocks

- |   | <i>Description</i> | <i>Value at date of death</i> |
|---|--------------------|-------------------------------|
| 1. Name of security _____<br>Number of shares _____<br>Certificate held by<br>a. <input type="checkbox"/> Decedent<br>b. <input type="checkbox"/> Broker<br>(1) Location _____<br>(2) Account no. _____<br>Name of joint tenant(s) _____<br>Date placed in joint name _____<br>Who furnished consideration? _____ |                    |                               |
| 2. Name of security _____<br>Number of shares _____<br>Certificate held by<br>a. <input type="checkbox"/> Decedent<br>b. <input type="checkbox"/> Broker  |                    |                               |

(1) Location \_\_\_\_\_  
 (2) Account no. \_\_\_\_\_  
 Name of joint tenant(s) \_\_\_\_\_  
 Date placed in joint name \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_

Bonds

	<i>Description</i>	<i>Value at date of death</i>
1.	Name and dollar amount of bond _____ Held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	_____
2.	Name and dollar amount of bond _____ Held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	_____

Cash

	<i>Description</i>	<i>Value at date of death</i>
1.	Location and account no. _____ Interest accrued to date of death _____ Name of joint tenant(s) _____ Who furnished consideration? _____	_____
2.	Location and account no. _____ Interest accrued to date of death _____ Name of joint tenant(s) _____ Who furnished consideration? _____	_____
3.	Location and account no. _____ Interest accrued to date of death _____	_____

- Name of joint tenant(s) \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_
4. Location and account no. \_\_\_\_\_  
 Interest accrued to date of death \_\_\_\_\_  
 Name of joint tenant(s) \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate

*Description -- include legal description, Appraised value or common address, and tax ID number state equalized value*

1. Property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Joint tenant \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_
2. Property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Joint tenant \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_
3. Property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Joint tenant \_\_\_\_\_  
 Who furnished consideration? \_\_\_\_\_

Please attach copies of all securities, bank statements (for the month before, the month of, and the month after the decedent's death), and tax bills for all real estate.

***Schedule F -- Other Miscellaneous Property  
 Not Reportable Under Any Other Schedule***

**Automobiles, Collectibles, Partnership Interests, Household Goods, and Personal Effects**

*Description Value at date of death*

1. Item \_\_\_\_\_  
 \_\_\_\_\_
2. Item \_\_\_\_\_  
 \_\_\_\_\_
3. Item \_\_\_\_\_  
 \_\_\_\_\_

4. Item \_\_\_\_\_

5. Item \_\_\_\_\_

1. Did the decedent at the time of death own any articles of artistic or collectible value in excess of \$3,000 or any collections whose artistic or collectible value combined at the date of death exceed \$10,000?  Yes  No If yes, please give full details:

\_\_\_\_\_  
\_\_\_\_\_

2. Has the decedent's estate, spouse, or any other person, received (or will they receive) any bonus or award as a result of the decedent's employment or death?  Yes  No If yes, please give full details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Did the decedent at the time of death have or have access to a safe deposit box?  Yes  No If yes, state the location and contents; and if it was held jointly, state the name and the relationship of the joint depositor. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Schedule G -- Transfers During Decedent's Life*

**Property Transferred to the Decedent's Trust, Including Any Life Insurance with the Trust as a Named Beneficiary**

Bonds

*Description Value at date of death*

1. Name and dollar amount of bond \_\_\_\_\_

Held by

a.  Decedent

b.  Broker

(1) Location \_\_\_\_\_

(2) Account no. \_\_\_\_\_

2. Name and dollar amount of bond \_\_\_\_\_

Held by

a.  Decedent

b.  Broker

(1) Location \_\_\_\_\_

(3) Account no. \_\_\_\_\_

3. Name and dollar amount of bond \_\_\_\_\_

Held by

a.  Decedent

b.  Broker

(1) Location \_\_\_\_\_

(2) Account no. \_\_\_\_\_

Cash

	<i>Description</i>	<i>Value at date of death</i>
1.	Location and account no. _____ Interest accrued to date of death _____	_____
2.	Location and account no. _____ Interest accrued to date of death _____	_____
3.	Location and account no. _____ Interest accrued to date of death _____	_____
4.	Location and account no. _____ Interest accrued to date of death _____	_____
5.	Location and account no. _____ Interest accrued to date of death _____	_____

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate

*Description -- include legal description, Appraised value or common address, and tax ID numberstate equalized value*

1.	Property _____ _____ _____	_____
2.	Property _____ _____ _____	_____
3.	Property _____ _____ _____	_____
4.	Property _____ _____ _____	_____
5.	Other _____ _____ _____	_____

Please attach copies of all securities, bank statements (for the month before, the month of,

and the month after the decedent's death), and tax bills for all real estate.

### Stocks

	<i>Description</i>	<i>Value at date of death</i>
1.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Location _____	
	(2) Account no. _____	
2.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Location _____	
	(2) Account no. _____	
3.	Name of security _____	_____
	Number of shares _____	_____
	Certificate held by	
	a. <input type="checkbox"/> Decedent	
	b. <input type="checkbox"/> Broker	
	(1) Location _____	
	(2) Account no. _____	

### ***Schedule H -- Powers of Appointment***

1. Did the decedent ever possess, exercise, or release any general power of appointment over assets in someone else's trust or estate?  Yes  No
2. If the decedent ever exercised or released to any extent a general power of appointment, give details, including the date the power was created, and attach a copy of the trust or will.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Schedule I -- Annuities***

If the decedent, at the date of death, was the beneficiary of or had an interest in a pension plan, defined benefit plan, 401(k), or profit sharing plan, give details:

*Description* *Value at date of death*

- 1. Name of company \_\_\_\_\_  
Type of plan \_\_\_\_\_  
Beneficiary \_\_\_\_\_
- 2. Name of company \_\_\_\_\_  
Type of plan \_\_\_\_\_  
Beneficiary \_\_\_\_\_
- 3. Name of company \_\_\_\_\_  
Type of plan \_\_\_\_\_  
Beneficiary \_\_\_\_\_
- 4. Name of company \_\_\_\_\_  
Type of plan \_\_\_\_\_  
Beneficiary \_\_\_\_\_
- 5. Name of company \_\_\_\_\_  
Type of plan \_\_\_\_\_  
Beneficiary \_\_\_\_\_

***Schedule J -- Funeral Expenses and Expenses Incurred  
in Administering Property Subject to Claims***

Funeral Costs

- 1. Name of the funeral home \_\_\_\_\_
- 2. Amount \_\_\_\_\_
- 3. Paid by \_\_\_\_\_

Attach a list of all funeral and related expenses that are deductible for estate and inheritance tax purposes. This would include not only the funeral bill but any and all related expenses, such as flowers, acknowledgment cards, the acquisition of a gravesite marker, opening and closing charges, gratuities to the minister or church, and the like. The list should reflect in reasonable detail the name of each person paid, what the payment was for, and the amount of each payment.

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***Schedule K -- Debts of the Decedent, and Mortgages and Liens  
Debts, Including Medical Bills, Credit Cards, and Mortgages***

*Description* *Amount owed*

- |     |             |       |
|-----|-------------|-------|
| 1.  | Payee _____ | _____ |
| 2.  | Payee _____ | _____ |
| 3.  | Payee _____ | _____ |
| 4.  | Payee _____ | _____ |
| 5.  | Payee _____ | _____ |
| 6.  | Payee _____ | _____ |
| 7.  | Payee _____ | _____ |
| 8.  | Payee _____ | _____ |
| 9.  | Payee _____ | _____ |
| 10. | Payee _____ | _____ |
| 11. | Payee _____ | _____ |
| 12. | Payee _____ | _____ |

Please attach a copy of all indebtedness of the decedent.

***General Information***

If the decedent ever made a transfer (excluding transfers to a revocable living trust) or a gift of \$10,000 or more without adequate and full consideration, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the decedent, within two years of death, made any transfer exceeding \$1,000 in any given year without adequate and full consideration, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there was in existence, at the date of death, any trusts created by the decedent, give details and attach a copy of each such trust agreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the decedent was the beneficiary of a matured life insurance or annuity contract, indicate

<i>Company</i>	<i>Policy number</i>	<i>Amount of payments</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did the decedent acquire any interest whatsoever in property in inherited from a person

who died within 10 years of the decedent's death?  Yes  No

Did the decedent ever file any gift tax returns?  Yes  No If so, attach copies if available. If unavailable, please indicate Internal Revenue Service offices where filed

\_\_\_\_\_

\_\_\_\_\_

Did the decedent ever pay any gift tax?  Yes  No If yes, when and how much?

\_\_\_\_\_

\_\_\_\_\_

Did the decedent own an interest in any closely held business?  Yes  No If yes, give details such as the name of the company, the percentage of ownership, and the number and type of shares.

\_\_\_\_\_

\_\_\_\_\_

Did the decedent file federal income tax returns?  Yes  No If so, attach copies of the last five years' returns.

Dated: \_\_\_\_\_ /s/ \_\_\_\_\_