



## Estate Administration Worksheet

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*Please provide as much of the following information as possible. The information requested on this intake form will help the attorney spot specific probate issues that will need to be discussed as part of the initial consultation and will assist the attorney in advising you on the proper estate administration procedures for your loved one's estate. The information you provide is confidential.*

**Please return this completed worksheet to our office at least 48 hours prior to your scheduled appointment. You can send the worksheet via e-mail to the address given below or by regular postal mail.**

## Decedent's Personal Information Worksheet

*(If you have a death certificate for the Decedent, please provide a copy of that with this completed Worksheet)*

1. Decedent's legal name: \_\_\_\_\_  
List alternate names Decedent used: \_\_\_\_\_
2. Decedent's Social Security #: \_\_\_\_\_ Date of Death: \_\_\_\_\_
3. Address at death: \_\_\_\_\_
4. Year domicile established in this state: \_\_\_\_\_ Citizenship at Death: \_\_\_\_\_
5. Place of death (City/State): \_\_\_\_\_
6. Cause of death \_\_\_\_\_
7. Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
8. Current or, if retired, former business or occupation: \_\_\_\_\_
9. Marital status at time of death: \_\_\_\_\_
10. If married, were Decedent and spouse living together on the date of death? \_\_\_\_\_
11. Name of surviving spouse: \_\_\_\_\_  
Social Security # of surviving spouse: \_\_\_\_\_  
Date of marriage to surviving spouse: \_\_\_\_\_  
Domicile at date of marriage to surviving spouse: \_\_\_\_\_  
Citizenship of surviving spouse: \_\_\_\_\_
12. If Decedent was a widow(er), name of deceased spouse: \_\_\_\_\_  
Date of death of deceased spouse: \_\_\_\_\_  
Social Security # of deceased spouse: \_\_\_\_\_
13. How many children were born to Decedent or legally adopted by Decedent? \_\_\_\_\_  
How many of those children are still living? \_\_\_\_\_
14. Decedent's safe deposit boxes:  
Location: \_\_\_\_\_  
Joint? (Yes or No): \_\_\_\_\_ If joint, with whom? \_\_\_\_\_  
Relationship of joint owner to Decedent: \_\_\_\_\_
15. List all counties and states in which the Decedent owned real property and provide addresses for each parcel, if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Who are the likely heirs at law (e.g., spouse, children, parents, siblings, niece/nephews)?

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Relationship</u>

17. Who will serve as the Administrator of the estate (aka Personal Representative) (*if more than person is likely to petition the court to be qualified as the Personal Representative, please list all such persons*):

<u>Name</u>	<u>Address</u>	<u>SSN</u>

18. To your knowledge, was the Decedent receiving Medicaid benefits? \_\_\_\_\_ (Yes or No)

19. Please use the space below to provide any additional information you want the attorney to review or be aware of prior to your consultation.

## Preliminary Checklist of Decedent's Assets and Liabilities

*(Complete as best you can with as much detail as is known; attach additional sheets if needed)*

Name of the Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_

1. Cash on hand: \_\_\_\_\_

2. Uncashed checks (including those received after date of death):

Payor

Amount


3. Checking, Savings, and other bank accounts (*You need to obtain the signature card for each account named below to verify how each account was held, but it is okay if you are unable to do so prior to your consultation*):

Bank & Account Type

Account Number

Balance

Sole or Joint


4. Individual Stocks and bonds not held in a brokerage account (includes Savings Bonds):

Number of Shares/Units

Company/Issuer

Price per Share

Sole or Joint


5. Brokerage accounts (*bring a copy of the most recent account statement to consultation*):

<u>Holding Company/Firm</u>	<u>Account Number</u>	<u>Balance</u>	<u>Sole or Joint</u>

6. Notes (like a promissory note or other debt owed to Decedent), secured and unsecured:

<u>Debtor</u>	<u>Amount</u>

7. Automobiles (*if you have the title, please bring it to the consultation*):

<u>Year</u>	<u>Make and Model</u>	<u>Value</u>	<u>Vehicle Identification Number (VIN)</u>

8. Tangible personal property such as household furnishings, personal clothing and jewelry, collectibles, coins, art, antiques, crystal, china, silver, etc.: (*attach an itemized list if necessary*)

<u>Description</u>	<u>Value</u>	<u>To be Donated, Gifted, Sold?</u>

<u>Description</u>	<u>Value</u>	<u>To be Donated or Sold?</u>

10. Life insurance payable to the estate (often the case if no beneficiary is specifically named):

<u>Company</u>	<u>Policy Number</u>	<u>Death Benefit Amount</u>

11. Insurance payable to named beneficiaries other than the Estate:

<u>Company</u>	<u>Policy Number</u>	<u>Benefit Amount</u>	<u>Beneficiary</u>

12. Business Interests:

<u>Name of Company</u>	<u>Corporation, partnership, LLC, sole proprietor?</u>	<u>Percentage Interest</u>

13. IRA (Roth or Traditional), 401(k)s, or Pension Plans (*bring most recent account statement*):  
 Was Decedent taking Required Minimum Distributions? YES \_\_\_\_ NO \_\_\_\_ Don't Know \_\_\_\_

Bank or Company

Account Number

Balance

Beneficiary


14. Real estate (*attach additional sheets as needed*):

A. Owned jointly with spouse

Address

Fair Market Value

Mortgage Balance

(Use Tax Value if necessary)

(include home equity loan)


B. Other Real Estate (whether owned jointly with a non-spouse or owned solely by Decedent)

Address

Fair Market Value

Mortgage/Lien

(Use Tax Value if necessary)

(include home equity loan)


15. Gifts of cash or property made within three years of death (examples: \$5,000, car, tuition):

Recipient

Date of Gift

Description

Value of Gift


16. Income yet to be received (e.g., commissions, fees, rents, tax refunds, last paycheck, installment payments, dividends or interest payments, etc.), Patents, Royalties, Copyrights, Government Death Benefits, Percentage Interest in Family Trust, Virtual Currency (such as Bitcoin), Timeshare Property or Points not already accounted for, Airline Miles, Digital Assets, and any other asset not listed above: *(attach additional sheets as necessary)*

<u>Description</u>	<u>Asset Value or Account Balance</u>

### Summary of Known or Expected Liabilities

- |   |                        |
|---|------------------------|
| 1. Funeral and Burial/Cremation Expenses      | <u>Amount Due/Paid</u> |
| a. Funeral Home or Crematorium                |                        |
| b. Grave Marker                               |                        |
| c. Grave Lots                                 |                        |
| d. Other (flowers, etc.)                      |                        |
| 2. Medical and Hospital Expenses <u>Payee</u> | <u>Amount Due/Paid</u> |
| a. Doctor                                     |                        |
| b. Hospital                                   |                        |
| c. Other (Ambulance, Nurses, etc.)            |                        |

3. Household Bills, Credit Cards      Payee      Amount Due/Paid

a.

b.

c.

d.

e.

f.

4. Other Debts of Decedent (e.g., car or personal loan, income tax payments, property taxes, etc.)

Description/Payee

Amount Due/Paid

a.

b.

c.

d.

e.

5. Mortgages, Notes, and Deeds of Trust (Indicate only balance due as of date of death)

Property Secured

Payee

Amount Due

a.

b.

c.

d.

6. Additional Obligations (or if more space is needed for any of the above liabilities)

Item Description

Payee

Amount Due

a.

b.

c.

### **INITIAL CONSULTATION AGREEMENT**

By signing below, I agree to pay a non-refundable flat fee of **\$350.00** for the consultation. I understand payment of the fee is required at the conclusion of the consultation, regardless of whether I retain PRIVETTE LEGACY PLANNING to assist with the administration of the Decedent's estate. Accepted payment methods are cash, personal check, Visa, MasterCard, American Express, or Discover. A \$35.00 fee will be assessed for any personal check returned due to lack of sufficient funds.

By signing below, I affirm that I have completed this Worksheet accurately and faithfully and have provided as much of requested factual information and materials as is known to me. I acknowledge it is my responsibility to return the completed Worksheet to PRIVETTE LEGACY PLANNING **at least 48 hours prior to my initial consultation**. If I am unable to return this document within the required timeframe, then I accept and agree that PRIVETTE LEGACY PLANNING may contact me to reschedule my appointment.

By signing below, I also affirm my understanding that no attorney-client relationship is created through the consultation process. I have not yet hired PRIVETTE LEGACY PLANNING, and PRIVETTE LEGACY PLANNING has not yet agreed to handle my matter. I understand that, in the event the attorney agrees to represent me in any matter, the attorney-client relationship, the obligations we have to each other, and the fee associated with my matter will be formalized in a new and separate Engagement Agreement.

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Signature of Anticipated or Appointed Estate Representative

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Date

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Printed Name of Anticipated or Appointed Estate Representative