



Estate Administration Worksheet

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)?

Name **Age** **Address** **Relationship**

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*):

Name **Address** **SSN**

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>Contact Person</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</u>	<u>Model</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*):

<u>Bank or Company</u>	<u>Account Number</u>	<u>Balance</u>	<u>Beneficiary</u>

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

A. Owned jointly with spouse

<u>Address</u>	<u>Fair Market Value</u> (Use Tax Value if necessary)	<u>Mortgage Balance</u> (include home equity loan)

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

<u>Address</u>	<u>Fair Market Value</u> (Use Tax Value if necessary)	<u>Mortgage/Lien</u> (include home equity loan)

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

<u>Recipient</u>	<u>Date of Gift</u>	<u>Description</u>	<u>Value of Gift</u>

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 the consultation fee. 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.

By signing below, I acknowledge that it is my responsibility to return this signed and completed intake form to Privette Legacy Planning at least 48 hours prior to our scheduled initial consultation. If I am unable to return the form within the required timeframe, then I agree that Privette Legacy Planning may contact me to reschedule my appointment.

Signature of Anticipated or Appointed Estate Representative

Date

Printed Name of Anticipated or Appointed Estate Representative

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.