

PROBATE PARALEGAL SERVICES, LLC

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New Estate Information Checklist

I. Information Concerning the Decedent:

Name: _____

AKA: _____

Address: _____

Resident of City or Township of: _____

Date of Death: _____

REMINDER: Request several ***certified*** copies of the death certificate.

Cause of Death (from death certificate): _____

Place of Death (County): _____

Date of Birth: _____

Social Security No.: _____

Request original Will? _____ Yes _____ No Trust? _____ Yes _____ No

Year domicile established: _____

Citizenship: _____

Marital status at time of death: _____

Spouse's date of birth: _____

If widower, information about deceased spouse:

Name _____

Date of Death: _____ Social Security No. _____

County Where Estate Administered: _____ Case No. _____

If divorced, date divorce Decree became final: _____

Employer: _____

Employer's Address: _____

Retired: _____ Yes _____ No Occupation: _____

REMINDER: Be sure to ask if a QTIP election was taken in the predeceased spouse's estate.

REMINDER: Request copy of decedent's most recent federal income tax return.

Accountant: _____

Address: _____

Telephone Number: (_____) _____ Fax (_____) _____

E-mail address: _____

II. Information Concerning the Executor/Administrator:

Is the fiduciary the surviving spouse? _____ Yes _____ No

Need copy of marriage certificate? _____ Yes _____ No

Date of Marriage: _____

Name: _____

Residence Address: _____

Preferred Mailing Address: _____ Residence OR _____ Business

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Date of Birth: _____

Are there co-fiduciaries? _____ Yes _____ No

REMINDER: Upon appointment of Executor, apply to IRS for a new federal taxpayer identification number (www.irs.gov).

Is a fiduciary's bond required? _____ Yes _____ No

REMINDER: Advise fiduciary to notify the Post Office to forward decedent's mail to his/her address (www.usps.com). Immediately contact credit card companies to freeze accounts and request date of death balances.

III. Information Concerning Next of Kin and/or Beneficiaries under the Will:

Did any of the decedent's next of kin predecease him/her? _____

If yes, describe: _____

IV. Surviving Next of Kin/Beneficiaries under the Will:

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

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E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

V. Decedent's Assets:

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Safety Deposit Box? _____ Yes _____ No. Box No. _____

Is a safety deposit box key readily available? _____ Yes _____ No

Name of Bank: _____

Branch: _____ In the name of: _____

VI. Real Property:

Name of: _____

Address: _____

Tax Mailing Address: _____

Prior Instrument Reference: _____

Auditor's Parcel No.: _____

Is property held joint with right of survivorship? _____ Yes _____ No

REMINDER: Request copy of Deed.

Homestead exemption elected? _____ Yes _____ No

Auditor's Market Value: Land: \$ _____;
Building: \$ _____; Total: \$ _____

Mortgage Holder: _____

Estimated balance due on mortgage: \$ _____

VII. Stocks and Bonds:

Description of Security	Certificate #	# of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Brokerage Account(s): _____ Yes _____ No

Name of brokerage firm: _____

Contact person: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Account No(s). _____

Name of brokerage firm: _____

Contact person: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Account No(s). _____

REMINDER: Request copy of brokerage statements issued during the month of death. Request **CUSIP** numbers.

VIII. Bank Accounts:

Name of Bank: _____

Account No. _____

Approximate balance on date of death: \$_____

Name of Bank: _____

Account No. _____

Approximate balance on date of death: \$_____

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Name of Bank: _____

Account No. _____

Approximate balance on date of death: \$ _____

REMINDER: Request copy of bank statement issued during the month of death.

IX. Life Insurance:

Life insurance owned by the decedent? _____ Yes _____ No

Life insurance on the decedent owned by others? _____ Yes _____ No

Name of Life Insurance Company: _____

Policy No(s). _____

Face Value: \$ _____ Beneficiary: _____

Life insurance owned by the decedent? _____ Yes _____ No

Life insurance on the decedent owned by others? _____ Yes _____ No

Name of Life Insurance Company: _____

Policy No(s). _____

Face Value: \$ _____ Beneficiary: _____

REMINDER: Request IRS Form(s) 712.

X. Property Held Joint with Rights of Survivorship or Payable on Death.

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

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Percentage taxable: _____ 100% _____ 50%

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

Percentage taxable: _____ 100% _____ 50%

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

Percentage taxable: _____ 100% _____ 50%

XI. Miscellaneous Property.

Automobiles:

Year: _____ Make: _____

Model: _____ VIN: _____

Year: _____ Make: _____

Model: _____ VIN: _____

REMINDER: Request copies of Certificates of Title to all vehicles.

Antiques, collectibles and other items worth in excess of \$10,000:

Need appraised: _____ Yes _____ No

Insured on homeowner's insurance policy: _____ Yes _____ No

Oil and mineral rights, royalties, etc.: _____

XII. Transfers During Lifetime.

REMINDER: Request copy of trust instrument.

Name of Trustee: _____

Address of Trustee: _____

Trust's federal taxpayer identification number: _____

XIII. Annuities, Pensions, 401(k), Retirement, Employer Death Benefits, etc.

Name of Company _____

Description: _____

Apply for Social Security benefits? _____

Apply for Veteran's death benefits? _____

XIV. Debts of Decedent.

Name of funeral home _____

Total amount of funeral bill: \$ _____

REMINDER: Request paid receipt for funeral home bill.

Name of cemetery/monument company: _____

Amount of cemetery/monument bill: \$_____

Medical expenses (not covered by insurance): _____

Final utility bills: _____

Credit card debt: _____

Is the estate probably insolvent: _____ Yes _____ No

Personal income tax liability: _____ Yes _____ No

Real estate taxes: \$_____ annually

REMINDER: Review/discuss statutory fiduciary's fee (ORC 2113.35).

Estimated attorney fees/court costs: \$_____

Fee agreement letter discussed: _____ Yes _____ No.

REMINDER: Review/discuss Probate Court's Local Rules regarding payment of attorney fees.