

Estate Administration Organizer

Estate administration is an important honor; we will work together through the process not only to settle your loved one's affairs, but also to ensure you feel comfort and closure in fulfilling his or her wishes. This form will help you gather and organize all pertinent information. If you use Adobe Acrobat Reader, you can type directly into this form on your computer. Or, simply print it out and fill out by hand. Please answer as completely as possible, and bring any questions to our first meeting.

Contact Information for Estate Representative(s):

Name: Mr. / Mrs. / Ms. / Dr. _____
Relationship to the deceased: _____
Role: Executor Trustee
Mailing address: _____
Email: _____
Preferred phone: _____ Alternate phone: _____
 work cell home OK to leave messages? work cell home OK to leave messages?

Name: Mr. / Mrs. / Ms. / Dr. _____
Relationship to the deceased: _____
Role: Executor Trustee
Mailing address: _____
Email: _____
Preferred phone: _____ Alternate phone: _____
 work cell home OK to leave messages? work cell home OK to leave messages?

The Deceased:

Name: Mr. / Mrs. / Ms. / Dr. _____
Date of Birth (d/m/y): _____ / _____ / _____ Place of Birth: _____
U.S. Military Service? yes no
Social Security Number: _____ - _____ - _____ Citizenship: _____
Did he/she ever use another name? List and explain: _____

Marital Status:

Single Married Divorced Separated Widowed

Spouse (at time of death): _____

Prior spouse: _____ Divorced Deceased date: _____

Prior spouse: _____ Divorced Deceased date: _____

Prior spouse: _____ Divorced Deceased date: _____

Estate Plan:

Were any of the following documents created for this estate? Please mark, and bring originals of these documents with you to our first meeting (if you have them, or copies if not).

Last Will and Testament..... dated: _____ Other _____ dated: _____

Revocable Living Trust..... dated: _____ Other _____ dated: _____

Trusts dated: _____

Prior Agreements

Mark a check next to any of the following agreements that apply to the deceased:

- Pre- or Post-Marital Agreement
- Family Trust Agreement
- Divorce Settlement Agreement
- Property Co-Ownership Agreement
- Buy-Sell / Shareholder Agreement
- 529 College Savings Plan

Comments:

**** Be sure to bring copies of these agreements with you to our initial meeting. ****

Advisors:

Accountant: _____ May I discuss the estate with this person? yes no

Phone: _____ Email: _____

Financial Planner: _____ May I discuss the estate with this person? yes no

Phone: _____ Email: _____

Insurance Advisor: _____ May I discuss the estate with this person? yes no

Phone: _____ Email: _____

Pets:

Name & description: _____

Current caretaker: _____

Phone: _____ Email: _____

Income and Assets

Please use this space to list the deceased's assets. For jointly owned assets, please list all owners other than the deceased.

Cash Accounts:

1. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by (list all account holders): _____
 2. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by (list all account holders): _____
 3. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by (list all account holders): _____
 4. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by (list all account holders): _____
 5. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by (list all account holders): _____
- TOTAL VALUE:** _____

Real Estate:

1. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
 2. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
 3. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
- TOTAL VALUE:** In-state property: _____ Out-of-state property: _____

Retirement Accounts:

1. **Financial institution:** _____ Type of Plan: _____
Approx. current value: _____ Account number: _____
Beneficiaries: _____
2. **Financial institution:** _____ Type of Plan: _____
Approx. current value: _____ Account number: _____
Beneficiaries: _____
3. **Financial institution:** _____ Type of Plan: _____
Approx. current value: _____ Account number: _____
Beneficiaries: _____
4. **Financial institution:** _____ Type of Plan: _____
Approx. current value: _____ Account number: _____
Beneficiaries: _____
5. **Financial institution:** _____ Type of Plan: _____
Approx. current value: _____ Account number: _____
Beneficiaries: _____

TOTAL VALUE: _____

Life Insurance:

1. **Company:** _____ Policy number: _____
Beneficiaries: _____ Death benefit: _____
2. **Company:** _____ Policy number: _____
Beneficiaries: _____ Death benefit: _____

US Government Bonds:

1. **Issue Date:** _____ Face value: _____ Current value: _____
Owned by: _____ Payable on death to: _____
2. **Issue Date:** _____ Face value: _____ Current value: _____
Owned by: _____ Payable on death to: _____
3. **Issue Date:** _____ Face value: _____ Current value: _____
Owned by: _____ Payable on death to: _____

Stocks, Bonds, Mutual Funds, etc:

1. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

2. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

3. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

4. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

5. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

6. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

7. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

8. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

TOTAL VALUE: _____

Annuities and other financial assets:

1. Company: _____ Held by: _____

Description: _____ Beneficiaries: _____

Approx. contribution: _____ Approx. value: _____ Death benefit: _____

2. Company: _____ Held by: _____

Description: _____ Beneficiaries: _____

Approx. contribution: _____ Approx. value: _____ Death benefit: _____

3. Other: _____

Business or trust property:

Please list the details of any business or trust property here.

TOTAL VALUE: _____

Other property:

Please list automobiles, boats, antiques, family heirlooms, jewelry, or other material assets. Use a separate sheet if needed.

TOTAL VALUE: _____

Assets & Liabilities Summary Tables

Please total up the value of the estate in this table. Use the second column for assets owned jointly between the deceased and his or her spouse. Remember, each asset's value should appear in only one column.

Assets	Value	
<i>held by:</i>	Deceased	Jointly held w/ spouse
Monthly income (salary, rental income, social security income, retirement income, bonuses, business, dividends, etc.)		
Cash accounts		
Real estate in-state		
Real estate out-of-state		
Retirement assets		
Stocks, Bonds, Mutual Funds, etc.		
U.S. Government bonds		
Annuities and other financial assets		
Notes (money owed to the deceased, in writing)		
Money owed to the deceased (not evidenced in writing)		
Life insurance		
Business or trust property		
Automobiles		
Boats and other vehicles		
Furniture and furnishings		
Collectibles, art, antiques		
Jewelry		
Sporting or other recreational equipment		
Other assets		
TOTAL ASSETS:		

Liabilities	Value	
<i>held by:</i>	Deceased	Jointly held w/ spouse
Mortgages on real estate		
Other mortgages		
Credit card accounts		
Auto loans		
Bank loans		
Debts not evidenced by a note		
Judgments		
Other liabilities		
TOTAL LIABILITIES:		

Relatives and Beneficiaries Contact Information

List all children and family members of the deceased, as well as everyone with an interest in the estate, including charitable beneficiaries and guardians. Please indicate each person's relationship to the deceased (e.g. son, brother).

1. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

2. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

3. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

4. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

5. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

6. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

7. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

8. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

9. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

10. Name: _____ Relationship: _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

11. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

12. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

13. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

14. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

15. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____