

Information Sheet

Safe Guard This Information

Date of Deceased: _____ / _____ / _____	Date of Birth: _____ / _____ / _____		
Family Member Name: _____			
Social Security Number _____	To Obtain Estate Tax ID #		
Primary Address _____ _____			
Mailing Address _____ _____			
Info.			
Home Phone _____			
Cell Phone _____			
E-Mail Address _____			
Employer Name: _____	Employer Phone _____		
Employer Address _____ _____			
Document Collection List			
Driver's License			
Social Security Card			
Death Certificate		3 Certified Copies	
Living Trust Documents		Do Not Remove Staple or Binding	
Last Will & Testament		Do Not Remove Staple or Binding	
Real Estate Deeds			
Vehicle Titles			
All Bills			
Representatives			
Personal Representative (1)		Relationship to	
Name In Will or Trust		Decedent	
Phone Number		Date of Birth	
Address		Social Security #	

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 Visit us online at www.TheBrokers.us or call us at 877-674-6636

Personal Representative (2) Name In Will or Trust		Relationship to Decedent	
Phone Number		Date of Birth	
Address		Social Security #	
Beneficiaries or Heirs of Estate			
Decedent's Spouse Name:		Phone Number	
Date of Birth		Social Security #	
Address			
Decedent's Children			
Child #1 Name:		Phone Number	
Date of Birth			
Address			
Child #2 Name:		Phone Number	
Date of Birth			
Address			
Child #3 Name:		Phone Number	
Date of Birth			
Address			
Child #4 Name:		Phone Number	
Date of Birth			
Address			

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Child #5 Name:		Phone Number	
Date of Birth			
Address			
Child #6 Name:		Phone Number	
Date of Birth			
Address			
Child #7 Name:		Phone Number	
Date of Birth			
Address			
Child #8 Name:		Phone Number	
Date of Birth			
Address			



Other Beneficiaries or Heirs of Estate (Including living siblings and living parents)			
Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			
Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			

Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			
Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			
Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			
Name:		Phone Number	
Date of Birth		Relationship to decedent	
Address			

ASSET INFORMATION			
Description	Estimated Value	Amount Owed	Net Value
Primary Residence Home Loan (Circle one) FHA - VA - Conventional - Reverse			
Name of Lender:		Phone #:	Account#:
Primary Residence 2nd Home Loan (if any)			
Name of Lender:		Phone #:	Account#:
Auto(1) Year _____ Make _____ Model _____			
Name of Lender:		Phone #:	Account#:
Auto(2) Year _____ Make _____ Model _____			
Name of Lender:		Phone #:	Account#:
Auto(3) Year _____ Make _____ Model _____			
Name of Lender:		Phone #:	Account#:
Mobile Home / Recreational Vehicle			
Trailer			
Other: Motor Bikes / Watercrafts			
Checking (1)			
Bank Name:		Phone #:	Account#:

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Checking (2)			
Bank Name:	Phone #:	Account#:	
Checking (3)			
Bank Name:	Phone #:	Account#:	
Savings (1)			
Bank Name:	Phone #:	Account#:	
Savings (2)			
Bank Name:	Phone #:	Account#:	
Life Insurance (1)			
Institution Name:	Phone #:	Policy#:	
Life Insurance (2)			
Institution Name:	Phone #:	Policy#:	
401k			
Institution Name:	Phone #:	Account#:	
Annuities (1)			
Institution Name:	Phone #:	Policy#:	
Annuities (2)			
Institution Name:	Phone #:	Policy#:	
IRA			
Institution Name:	Phone #:	Account#:	
TSP			
Institution Name:	Phone #:	Account#:	
Keogh Account			
Institution Name:	Phone #:	Account#:	
Stocks			
Institution Name:	Phone #:	Account#:	
Bonds			

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Institution Name:		Phone #:	Account#:
Certificates of Deposit			
Institution Name:		Phone #:	Account#:
Rental Property (1)			
Address:			
Name of Lender:		Phone #:	Account#:
Rental Property (2)			
Address:			
Name of Lender:		Phone #:	Account#:
Rental Property (3)			
Address:			
Name of Lender:		Phone #:	Account#:
Rental Property (4)			
Address:			
Name of Lender:		Phone #:	Account#:
Rental Property (5)			
Address:			
Name of Lender:		Phone #:	Account#:
Total			

DEBT INFORMATION	
Description (Electric, Water, Sewer, Credit Card, Student Loan, etc.)	Amount Owed
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Type of Debt:	
Phone #: Account#:	
Total	

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18 things to do when a loved one has passed who owned real estate

Checklist

1	Order 3 Certified Copies of Death Certificates
2	Contact Social Security Office of Death
3	If Military Veteran - Contact VA Office at 1-800-827-1000
4	Contact Medicare if loved one received Medicare Services
5	Contact Employment Benefits Department Pension, Credit Union or Union Death Benefits if any
6	Contact Health Insurance or Employer HR Department
7	Contact Life Insurance Companies if any
8	Contact Auto, Homeowners, Disability and any other insurance services that are being paid for
9	Create a list of creditors, bills and outstanding debt - Mortgage, Auto, Utilities (water, trash, electrical, gas and sewer) Cell phone, other loans and services
10	Create a list of owned assets and estimated values - Home, Auto, Stocks, Bank Accounts and list all professional contacts that handle financial affairs like stock brokers, tax advisors, banker and Financial advisors
11	Contact all credit card accounts and request accounts to be closed of deceased
12	Contact all 3 credit Bureaus and advise of Deceased. They will request a copy of the death certificate
13	Contact Department of Motor Vehicles to cancel Drivers License / ID card
14	Cancel all memberships to clubs and organizations of deceased
15	Cancel and close email accounts and websites of deceased
16	Contact deceased Tax Preparer, Accountant or CPA and inform them of deceased
17	Call Real Estate Broker Marcos Rubio for a list of State Certified Estate Attorneys that specialize in Estate Planning at 877-674-6636 ~ or go to www.TheBrokers.com/Probate
18	Call Us - Real Estate Broker & Lender Marcos Rubio to discuss potential options regarding real estate assets at 877-674-6636

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