



BRENNAN & ROGERS PLLC

Informed and compassionate legal care
279 York Street (P. O. Box 467)
York, Maine 03909
(207) 361-4680

PROBATE INFORMATION

Taking on the role of a Personal Representative can be a difficult and time consuming task and we thank you for your assistance. We are here to work with you. However, our ability to timely process an estate depends on your ability to provide us with information we need to proceed. While not all of the information requested will be applicable to every matter, please do your best to fill in as much information as you can at this time.

ESTATE OF _____ SS# _____

LATE OF _____ DOMICILE SINCE _____

DATE OF DEATH _____ PLACE OF DEATH _____

DATE OF BIRTH _____

DATE OF WILL _____ PROBATE COURT _____

PERSONAL REPRESENTATIVE _____ SS# _____

ADDRESS: _____

PHONE NUMBER/E-MAIL _____

INFORMATION ON SPOUSE AND HEIRS AT LAW

(Related Parties/Next of Kin (Often spouse and/or children but if parents are living, please list them))

<u>NAME, ADDRESS & TEL. NO.</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SS #</u>
1. _____ _____ _____	_____	_____	_____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

NOTES

INFORMATION ON DEVISEES (Beneficiaries Under Will)

<u>NAME & ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SS #</u>
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____
4. _____ _____ _____	_____	_____	_____
5. _____ _____ _____	_____	_____	_____
6. _____ _____ _____	_____	_____	_____
7. _____ _____ _____	_____	_____	_____
8. _____ _____ _____	_____	_____	_____
9. _____ _____ _____	_____	_____	_____

NOTES

OTHER RELEVANT FAMILY INFORMATION

Is spouse a U.S. Citizen? _____

Other: _____

NOTES

ASSET INFORMATION

Obtain data on contribution for jointly-owned property, **especially if surviving owner is not spouse.

I. REAL ESTATE - [obtain copies of deeds, leases, etc.]

<u>LOCATION</u>	<u>FORM OF OWNERSHIP</u>	<u>APPROX. VALUE</u>	<u>APPROX. MORTGAGE</u>	<u>TAX /MAP OR BOOK/PAGE</u>
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NOTES

(If the decedent was a tenant, be sure to give prompt notice of termination to the landlord.)

II. TANGIBLE PERSONAL PROPERTY

Auto(s):

Year	Make	Ownership (Solely owned (SO); Joint (JT)	Mileage	Condition	VIN	Value

Boats: _____

Other: _____

Furniture/Antiques:

Description	Location	Value

Jewelry:

Description	Location	Value

Cash on Hand:

Location (Safe deposit box; at home; other)	Amount

Other:

NOTES

II. INTANGIBLE PERSONAL PROPERTY

You can also provide us with recent statements. Date of death statements are preferred and will likely be required at some point.

A. BANK ACCOUNTS

Bank	Account No.	Form of Ownership	Type of Account	Approximate Balance	Contribution Information (if joint)

Smilie G. Rogers, Esq.
 Licensed in Maine, Massachusetts & New Hampshire
 Office: (207) 361-4680
 E-mail: sgr@brennanrogers.com

Mary Kathryn Brennan, Esq.
 Licensed in Maine
 Office: (207) 361-4680
 E-mail: mkb@brennanrogers.com

NOTES

LOCATION OF SAFE DEPOSIT BOX:

CONTENTS:

SECURITIES

You can also provide us with recent statements. Date of death statements are preferred and will likely be required at some point.

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Name of Company	No. of Shares	Form of Ownership	Approximate Value	Contribution Information (if joint)

NOTES

CLOSELY-OWNED BUSINESSES: (Obtain recent business tax returns)

_____Partnership _____Corporation _____Proprietorship _____S Corporation

Firm Name: _____

Address: _____

Employer I.D. No. _____

Decedent's interest: _____

Buy-Sell Agreement: _____

Valuation of interest: _____

Successor Management: _____

Is there an ESOP? _____

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 Office: (207) 361-4680
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Mary Kathryn Brennan, Esq.
 Licensed in Maine
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 E-mail: mkb@brennanrogers.com

Other Information:

_____ Partnership _____ Corporation _____ Proprietorship _____ S Corporation

Firm Name: _____

Address: _____

Employer I.D. No. _____

Decedent's interest: _____

Buy-Sell Agreement: _____

Valuation of interest: _____

Successor Management: _____

Is there an ESOP? _____

Other Information:

NOTES

IV. **LIFE INSURANCE** - [Request original policies.] Also any life insurance through credit cards, automobile clubs, credit unions, or fraternal organizations? Any insurance payable to estate or trust?

Company	Policy No.	Face Amount	Death Benefit	Beneficiary	Owner

1. Non-excludable gifts (\$14,000 or more) to anyone within 1 year of death?
2. Post-1976 Federal Taxable gifts?_____
3. Gift Tax returns filed?_____ (If yes, obtain copies)
4. Did Decedent acquire any assets through another estate during prior ten years?
5. Were there any trusts in existence created by decedent while living, or under which the decedent possessed any power, beneficial interest or trusteeship?
6. Did Decedent possess, exercise or release any general power of appointment?
7. Other:_____

EXPENSE INFORMATION (Estimates)

1. Funeral expenses:

Description	Amount	Paid?

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2 Hospital/medical expenses:

Description	Amount	Paid?

3. Unpaid income tax:

Description	Amount	Paid?

4. Unpaid real estate tax:

Description	Amount	Paid?

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5. Final Household, utilities, etc:

Description	Amount	Paid?

6. Other indebtedness. Names and addresses of all known creditors. (Creditor’s Notices may have to be sent to them by the Personal Representative.)

Description	Amount	Paid?

Medical Insurance: _____

Other: _____

SUGGESTED APPRAISERS

Residential real estate:

Commercial real estate:

Furnishings/antiques:

Jewelry:

Securities:

Closely-Held Business Interests:

OTHER COMMENTS

CONFLICT OF INTEREST INFORMATION

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If decedent or personal representative is involved in litigation, or a dispute, or in any other situation where their interests are adverse to those of another person or entity, please provide us with the name of each such adverse party so that we can (1) confirm that this firm does not already represent that party and (2) reflect in our records that we cannot undertake representation of that party so long as we are representing you.

ADVERSE PARTY

ADDRESS

(Add additional pages if necessary)

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