

INFORMATION ABOUT THE DECEDENT

Last day to pay N.Y.S. Estate taxes: _____

Last day to pay Federal Estate taxes: _____

Full name: _____

Other names decedent was known by or used (a/k/a): _____

Citizenship: _____ Gender: ___ Male ___ Female

Home address: _____

County: _____ Decedent's residence was: ___ Owned ___ Rented

Date of decedent's death: _____

Place of death: _____

What is the address on the death certificate? _____

Date of birth: _____ Place of Birth: _____

Social security number: _____ - _____ - _____

Was the decedent employed? ___ Yes ___ No ___ Retired (if retired, list former occupation)

If yes, Employer name: _____

Employer address: _____

Employer phone number: () _____ - _____ Name of supervisor: _____

Did the decedent's employer have a plan under which his/her estate or a specified person would receive benefits on the decedent's death: ___ Yes ___ No ___ Not sure

If yes, describe: _____

Funeral home: _____

Funeral director: _____

Funeral bill amount: \$ _____

Cemetery: _____

Death certificate: ___ Yes ___ No (If yes, bring original.)

Did the Decedent have a present Will? ___ Yes ___ No (If yes, bring original. Do NOT unstaple.)

Will Date: _____ Where is the original will located? _____

Name of attorney who drew up the will: _____

Phone number: () _____ - _____

Witness 1: _____

Address: _____

Witness 2: _____

Address: _____

Witness 3: _____

Address: _____

Did these witnesses execute self-proving affidavits? ___ Yes ___ No ___ Not sure

Executors

Executor 1: _____

Address: _____

Relationship to decedent: _____

Social security number: _____ - _____ - _____

Executor 2: _____

Address: _____

Relationship to decedent: _____

Social security number: _____ - _____ - _____

Successor executor: _____

Address: _____

Relationship to decedent: _____

Social security number: _____ - _____ - _____

Are there any Codicils? ___ Yes ___ No ___ Not sure (If yes, bring original.)

Codicil Date: _____ Where is the original located? _____

Witness 1: _____

Address: _____

Witness 2: _____

Address: _____

Witness 3: _____

Address: _____

Were there any previous Wills: ___ Yes ___ No ___ Not sure (If yes, bring copy.)

Other documents executed (list date and describe):

Living wills: _____

Powers of attorney: _____

Other: _____

Were there witnesses to other documents: ___ Yes ___ No

If yes, names: _____

Addresses: _____

Did the decedent have a safe deposit box? ___ Yes ___ No

If yes, where is it located? _____

Name(s) deposit box is listed under: _____

Any joint tenant or deputy? _____

Were there any inter vivos trusts? ___ Yes ___ No ___ Not sure

If yes, describe: _____

Locksmith: _____

Post office: _____

Name of accountant (if any): _____

Phone number: () _____ - _____

Name of trust officer (if any): _____

Phone number: () _____ - _____

Name of insurance agent (if any): _____

Phone number: () _____ - _____

Name of investment advisor (if any): _____

Phone number: () _____ - _____

Creditors: _____

PERSONS NAMED IN WILL

Name: _____

Gender: ___ Male ___ Female ___ Corporation

If corporation, Officer name & title: _____

Officer address: _____

Home address: _____

Phone number: () _____ - _____ Is mailing address different? _____

Relationship to decedent: _____

Interest in the will: _____

Executor/Trustee/Guardian: _____

Special needs: _____

Name: _____

Gender: ___ Male ___ Female ___ Corporation

If corporation., Officer name & title: _____

Officer address: _____

Home address: _____

Phone number: () _____ - _____ Is mailing address different? _____

Relationship to decedent: _____

Interest in the will: _____

Executor/Trustee/Guardian: _____

Special needs: _____

Name: _____

Gender: ___ Male ___ Female ___ Corporation

If corporation., Officer name & title: _____

Officer address: _____

Home address: _____

Phone number: () _____ - _____ Is mailing address different? _____

Relationship to decedent: _____

Interest in the will: _____

Executor/Trustee/Guardian: _____

Special needs: _____

DECEDENT'S FAMILY

Was the decedent single, never married? ___ Yes ___ No

OR

When the decedent died, was he/she: ___ Married? ___ Divorced? ___ Widowed? ___ Separated?

Did the decedent have children? ___ Yes ___ No

If yes, How many? _____ (include marital, non-marital, adopted and adopted-out)

Did the decedent have grandchildren? ___ Yes ___ No

If yes, How many? _____

Did the decedent have great-grandchildren? ___ Yes ___ No

If yes, How many? _____

Are either of the decedent's parents alive? ___ Both ___ Mother only ___ Father only ___ Neither

Did the decedent have brothers and sisters? ___ Yes ___ No

If yes, How many? _____ (include whole blood, half blood, legally adopted by either parent)

Did the decedent have nieces and nephews? ___ Yes ___ No

If yes, How many? _____

Did the decedent have grandnieces and grandnephews? ___ Yes ___ No

If yes, How many? _____

DECEDENT'S SPOUSE

If married:

Name of Decedent's spouse: _____

Date of birth: _____

Place of spouse's birth: _____

Social security number: ____ - ____ - _____

Citizenship: _____

Date of marriage: _____

Spouse's employer: _____

If Decedent was divorced:

When and where? _____

If Decedent was widowed?

When? _____

If Decedent was separated?

When and where? _____

Did the decedent have any prior marriages (other than above)? ___ Yes ___ No

How many: _____

To whom, where and when? _____

DECEDENT'S CHILDREN

Oldest Child

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: Current Marriage Previous Marriage Adopted Born out-of-wedlock

Is this child deceased: Yes No Did this child have children: Yes No

Next Child

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: Male Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: Current Marriage Previous Marriage Adopted Born out-of-wedlock

Is this child deceased: Yes No Did this child have children: Yes No

Next Child

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: Male Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: Current Marriage Previous Marriage Adopted Born out-of-wedlock

Is this child deceased: Yes No Did this child have children: Yes No

Next Child

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: Male Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: Current Marriage Previous Marriage Adopted Born out-of-wedlock

Is this child deceased: Yes No Did this child have children: Yes No

DECEDENT'S GRANDCHILDREN (Group by parent)

Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

Next Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

Next Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

DECEDENT'S GREAT-GRANDCHILDREN (Group by Parent)

Great-Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

Next Great-Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

Next Great-Grandchild

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Child of: ___ Current Marriage ___ Previous Marriage ___ Adopted ___ Born out-of-wedlock

Is this person deceased: ___ Yes ___ No Did this person have children: ___ Yes ___ No

DECEDENT'S PARENTS

Father's name: _____

Still living? ___ Yes ___ No

If yes, address: _____

Phone number: () _____ - _____

Special needs: _____

Father's parents: _____

Mother's name: _____

Still living? ___ Yes ___ No

If yes, address: _____

Phone number: () _____ - _____

Special needs: _____

Mother's parents: _____

DECEDENT'S SIBLINGS

Oldest Brother/Sister

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this brother/sister deceased: ___ Yes ___ No Did this brother/sister have children: ___ Yes ___ No

Next Brother/Sister

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this brother/sister deceased: ___ Yes ___ No Did this brother/sister have children: ___ Yes ___ No

Next Brother/Sister

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this brother/sister deceased: ___ Yes ___ No Did this brother/sister have children: ___ Yes ___ No

Next Brother/Sister

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this brother/sister deceased: ___ Yes ___ No Did this brother/sister have children: ___ Yes ___ No

DECEDENT'S NIECES AND NEPHEWS (Group by Parent)

Niece/Nephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this niece/nephew deceased: ___ Yes ___ No Did this niece/nephew have children: ___ Yes ___ No

Next niece/nephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this niece/nephew deceased: ___ Yes ___ No Did this niece/nephew have children: ___ Yes ___ No

Next niece/nephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this niece/nephew deceased: ___ Yes ___ No Did this niece/nephew have children: ___ Yes ___ No

Next niece/nephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this niece/nephew deceased: ___ Yes ___ No Did this niece/nephew have children: ___ Yes ___ No

DECEDENT'S GRANDNIECES AND GRANDNEPHEWS (Group by Parent)

Grandniece/Grandnephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this grandniece/grandnephew deceased: ___ Yes ___ No

Did this grandniece/grandnephew have children: ___ Yes ___ No

Next Grandniece/Grandnephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this grandniece/grandnephew deceased: ___ Yes ___ No

Did this grandniece/grandnephew have children: ___ Yes ___ No

Next Grandniece/Grandnephew

Who is this person the child of: _____

Full name: _____

Address: _____

Phone number: () _____ - _____ Gender: ___ Male ___ Female

Date of birth: _____ Place of birth: _____

Special needs: _____

Is this grandniece/grandnephew deceased: ___ Yes ___ No

Did this grandniece/grandnephew have children: ___ Yes ___ No

SUMMARY OF DECEDENT'S ASSETS

It is important to list all the decedent's assets and liabilities to the best of your knowledge so that the assets can be safeguarded pending probate of the will.

Individually Owned

1. Real Estate: List address, section, block, lot, improved/unimproved, and approximate value

Residence: _____ \$ _____

Other real estate: _____ \$ _____

_____ \$ _____

2. Stocks, Bonds, Mutual Funds

A. Stock:

Name of corporation, type of shares, number of shares, exchange, face value, CUSIP number and approximate value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

B. Bonds:

Issuer, face value, interest rate, maturity date and approximate value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

C. Mutual Funds:

Name of fund, fund group, number of units and approximate value:

_____ \$ _____

_____ \$ _____
D. Broker margin accounts

_____ \$ _____
E. Other

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Individually Owned (cont.)

3. Mortgages, Notes, or Debts (owed to decedent)

List debtor's name, mortgagor, date acquired, amount and approximate balance remaining:

_____ \$ _____
_____ \$ _____

4. Bank Accounts, Certificates of Deposit, etc.

A. Checking:

Name of bank, address, type of account, account number and approximate balance:

_____ \$ _____
_____ \$ _____
_____ \$ _____

B. Savings:

Name of bank, address, type of account, account number and approximate balance:

_____ \$ _____
_____ \$ _____
_____ \$ _____

C. Money Market Funds, etc.

Name of bank, address, type of account, account number and approximate balance or value:

_____ \$ _____
_____ \$ _____

D. Security deposits, earnest money, etc.:

_____ \$ _____
_____ \$ _____

E. Cash on hand:

_____ \$ _____

F. Other:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Jointly Owned (list who the joint tenant is)

5. Real Estate: List address, section, block, lot, improved/unimproved, and approximate value

Residence: _____ \$ _____

Other real estate: _____ \$ _____

_____ \$ _____

6. Stocks, Bonds, Mutual Funds

A. Stock:

Name of corporation, type of shares, number of shares, exchange, face value, CUSIP number and approximate value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

B. Bonds:

Issuer, face value, interest rate, maturity date and approximate value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

C. Mutual Funds:

Name of fund, fund group, number of units and approximate value:

_____ \$ _____

D. Broker margin accounts

_____ \$ _____

E. Other

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____
_____ \$ _____

Jointly Owned (cont.)

7. Mortgages, Notes, or Debts (owed to decedent)

List debtor's name, mortgagor, date acquired, amount and approximate balance remaining:

_____ \$ _____
_____ \$ _____

8. Bank Accounts, Certificates of Deposit, etc.

A. Checking:

Name of bank, address, type of account, account number and approximate balance:

_____ \$ _____
_____ \$ _____
_____ \$ _____

B. Savings:

Name of bank, address, type of account, account number and approximate balance:

_____ \$ _____
_____ \$ _____
_____ \$ _____

C. Money Market Funds, etc.

Name of bank, address, type of account, account number and approximate balance or value:

_____ \$ _____
_____ \$ _____

D. Security deposits, earnest money, etc.:

_____ \$ _____
_____ \$ _____

E. Cash on hand:

_____ \$ _____

F. Other:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

9. Life Insurance

A. Payable to the Estate

List the company name, face value, cash value, person insured, policy owner, policy number, beneficiary, and whether there is a loan against policy and if so, how much

_____ \$ _____
_____ \$ _____

B. Payable to a Named Beneficiary

List the company name, face value, cash value, person insured, policy owner, policy number, beneficiary, and whether there is a loan against policy and if so, how much

_____ \$ _____
_____ \$ _____
_____ \$ _____

10. Miscellaneous Property

Individually Owned

Household furnishings:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Motor vehicles (including boats, etc.) List make, model, year, how is it titled and value.

_____ \$ _____
_____ \$ _____
_____ \$ _____

Jewelry, precious objects, gold and precious metals:

_____ \$ _____
_____ \$ _____

Art, antiques and other valuable items:

_____ \$ _____
_____ \$ _____

Other assets (e.g. collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, insurance held on the life of another and any other assets not itemized above):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Jointly Owned (include name of joint tenant)

Household furnishings:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Motor vehicles (including boats, etc.) List make, model, year, how is it titled and value.

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Jewelry, precious objects, gold and precious metals:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Art, antiques and other valuable items:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Other assets (e.g. collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, insurance held on the life of another and any other assets not itemized above):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

11. Transfers During Decedent's Life

Describe, list whether joint or individual and approximate value:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

12. Powers of Appointment

Describe, list whether joint or individual and approximate value:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

13. Annuities

Describe and list beneficiary and approximate value:

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

_____ \$ _____

14. Retirement Plans

Describe and list beneficiary and approximate value:

_____ \$ _____

_____ \$ _____

15. IRAs

Describe and list beneficiary and approximate value:

_____ \$ _____

_____ \$ _____

Is there a possible cause of action for wrongful death or conscious pain and suffering?

___ Yes ___ No

If yes, please describe: _____ \$ _____

Are there any loans the decedent made to other or accounts receivable from others?

___ Yes ___ No

If yes, please describe: _____ \$ _____

SUMMARY OF DECEDENT'S LIABILITIES

For each item, describe the liability, stating the purpose, date it was incurred, debtor, creditor, original and current amount of debt and any other relevant information. If the debt was incurred jointly with the spouse or another, you MUST indicate that fact and tell us who has what share.

1. Accounts Payable:

Credit cards, utilities, security agreements, chattel mortgages, broker margin accounts:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____
2. Notes Payable:

_____ \$ _____

_____ \$ _____

3. Mortgages payable on real estate:

_____ \$ _____

_____ \$ _____

_____ \$ _____

4. Loans on life insurance policies:

_____ \$ _____

_____ \$ _____

5. Other liabilities:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____