Executor Checklist

IMMEDIATE EXECUTOR DUTIES

Contact mortuary or funeral home regarding services.					
Contact cemetery regarding burial or cremation.					
Contact local newspaper with obituary information.					
Contact relatives and close friends.					
Contact employer and business associates.					
Contact lawyer and accountant.					
Arrange for pall bearers.					
Contact guardians or trustees named in will.					
Arrange for immediate care of decedent's children.					
Arrange for living expenses for decedent's spouse.					
Contact veterans organizations.					

EXECUTOR DUTIES WITHIN FIRST WEEK

Contact life insurance agent and report death.
Contact general insurance agent.
Contact medical and health insurance companies.
Contact Medicare.
Contact union regarding pensions and death benefits.
Contact employer regarding pensions and death benefits.
Contact military regarding pensions and death benefits.
Contact Social Security Administration.
Obtain death certificates from attending physician.
Contact banks, savings and loans, and credit unions.
Contact mortgage companies.
Contact IRA or KEOGH account trustees.
Contact stock broker and investment counselor.
Contact county recorder.
Contact post office.
Contact Department of Motor Vehicles.
Arrange for management of business or real estate holdings.
Review all of decedent's records and legal documents.

EXECUTOR DUTIES WITHIN FIRST MONTH

	Contact gas, telephone, electric, trash, and water companies.					
	Contact newspaper and magazine subscription department					
	Contact credit card companies.					
	Begin inventory of assets.					
Arrange for appraisal of assets.						
	Begin collection of assets.					
	Open bank accounts for estate.					
	Open decedent's safe deposit box.					

LONG TERM EXECUTOR DUTIES

	File the will with probate court.
	Inventory all estate assets

Collect all monies and property due to decedent.
Pay all taxes due and file tax returns.
Provide notice to all creditors of time limit for claims.
Pay all debts and expenses of decedent, including funeral expenses.
Arrange for sale of estate assets, if necessary.
Distribute all remaining assets according to will.
Submit final accounting and receipts to probate court.
Close estate books and affairs.

LOCATION OF RECORDS

Original of will:

Trust documer	nts:
Safe deposit be	ox and key:
Bank book and	d savings passbook:
Treasury bills	and certificates of deposit:
Social Security	y records:
Real estate dee	eds and mortgage documents:
Veteran's infor	rmation:
Stock certifica	tes and bonds:
Promissory no	tes and loan documents:
Business recor	rds:
Partnership red	cords:
Corporation re	ecords:
Automobile tit	lles:
Income tax rec	cords:
Credit card red	cords:
Birth certificat	te:
Warranties:	

FUNERAL OR CREMATION ARRANGEMENTS

Name of mortuary, funeral service, or crematorium:			
Name of person contacted:		Phone #:	
Address:			
Arrangements made:			
Name of cemetery:			
Name of person contacted:		Phone #:	
Address:			
Arrangements made:			
Location of memorial or church service:			
Name of person contacted:		Phone #:	
Address:			
Arrangements made:			
PERSONS TO CONTACT			
Clergy:	Address:		
City, State, Zip:		Phone:	
Lawyer:	Address:		
City, State, Zip:		Phone:	
Accountant:	Address:		
City, State, Zip:		Phone:	
Life Insurance Agent:	Address:		
City, State, Zip:	γ	Phone:	
General Insurance Agent:	Address:		
City, State, Zip:	·	Phone:	
Employer:	Address:		
City, State, Zip:	7	Phone:	
Military Unit:	Address:		
City, State, Zip:	·	Phone:	
Relative name:	Address:		
City, State, Zip: Phone:			
Relative name: Addre			
City, State, Zip:		Phone:	
Relative name: Address:			
City, State, Zip:	•	Phone:	
Relative name: Address:			
City State Zin:		Phone:	

Relative name:		Address:			
City, State, Zip:			Phone:		
Relative name:	Address:				
City, State, Zip:		Phone:			
Relative name:	Addres	ss:			
City, State, Zip:			Phone:		
Friend name:	Addres	Address:			
City, State, Zip:		Phone:			
Friend name:	Addres	ss:			
City, State, Zip:		Phone:			
Friend name:	Addres	SS:			
City, State, Zip:	•		Phone:		
Friend name:	Addres	ss:		*	
City, State, Zip:	•		Phone:		
Friend name:	Addres	SS:			
City, State, Zip:			Phone:		
Friend name:	Addres	ss:			
City, State, Zip:			Phone:		
Friend name:	Addres	ss:			
City, State, Zip:		Phone:			
NEWSPAPER OBITUARY INFORMATION	1				
Name:	Date of	f birth:		Place of birth:	
Current residence:	Former residence:				
Occupation:		Education:			
Military service:					
Club, union, civic, or fraternal organizations:					
-					
Special achievements:					
Survivors:					
Date of death: Place of service:					
Date of service: Time of service:					
Memorial contribution preference:					