§ 16:11 Estate administration checklist

ESTATE ADMINISTRATION CHECKLIST

ESTATE OF: ________

1. Date and Place of Death: ________

2. Domicile at Death and When Established: ________

3. Residence Address at Death: ________

4. Date and Place of Birth: ________

5. Social Security Number: ________

6. Business or Occupation: ________

7. Marital Status: ________

8. Date and Place of Marriage: ________

9. Date of Divorce: ________

10. Court Where Divorce Granted: ________

11. Name of Spouse: ________

12. Address of Spouse: ________

13. Social Security Number of Spouse: ________

14. Telephone Number of Spouse: Home: ________
Business: ________

15. Location and Number of Safe Deposit Box: ________

16. Co-owners of Safe Deposit Box: ________

17. Advisors:

	Name	Address	Tel.
Executor	________	________	________
Will Draftsman	________	________	________
CPA	________	________	________
Physician	________	________	________
Clergyman	________	________	________
Banker	________	________	________
Broker	________	________	________
Real Est. Agt.	________	________	________

18. Date of Will and Where Located at Death: ________

19. Is Will Self-Proved? ________

20. Witnesses (if needed):

Name	Address	Tel.
________	________	________

21. Decedent's Heirs:

Name and Relationship	Age	Address	Tel.
________	________	________	________

22. Beneficiaries Under Will:

Name and Relationship	Age	Address	Soc. Sec. No.	Tel.
________	________	________	________	________

23. Arrangements to Be Made/Actions to Be Taken:

	NEEDED (Y N)	WHEN DONE
Review Will:	________	________
Funeral, Burial/Cremation:	________	________
Name, Address and Telephone of Funeral Home: ________	________	________
Do Tentative Inventory on Estate:	________	________
Make Probate Appointment with Clerk:	________	________
Surety for Executor (If Required):	________	________
Name, Address and Telephone of Surety Company	________	________
Prepare:		
Testate Memorandum:	________	________
List of Heirs:	________	________
Probate Tax Return:	________	________
Probate Will:	________	________
Qualify Executor:	________	________
Certified Copies of Will:	________	________
Certificates of Qualification:	________	________
Give Notice of Probate:	________	________
File Affidavit of Notice of Probate with Clerk:	________	________
Secure Decedent's Residence:	________	________
Maintain Fire and Casualty Insurance:	________	________
Safeguard Valuable Tangibles:	________	________
Call for Taxpayer I.D. No./File Form SS-4:	________	________
Taxpayer No. of Estate: ________		
Inventory Safe Deposit Box:	________	________
Obtain Income Tax Returns for Last Three Years:	________	________
Obtain Bank Statements and Checks for Last Three Years:	________	________
Furnish Above Number to Payors of Income to Estate:	________	________
File Form 56 (Notice of Fiduciary Relationship):	________	________
File Change of Address with Post Office:	________	________
Open Estate Checking Account:	________	________
Marshall/Identify Assets (Attach Schedules from Form 706):		
Real Estate	________	________
Stocks and Bonds	________	________
Mortgages, Notes and Cash	________	________
Insurance	________	________
Jointly Owned Property	________	________
Other Miscellaneous Property	________	________
Transfers During Decedent's Life:	________	________
Powers of Appointment:	________	________

Annuities:	_________	_________
Open/Maintain Stock Brokerage Account:	_________	_________
Close Charge Accounts:	_________	_________
Collect Decedent's:		
Life Insurance	_________	_________
Salary	_________	_________
Social Security Burial Benefit	_________	_________
Veteran's Administration Burial Benefit	_________	_________
Vacation Pay	_________	_________
Deferred Compensation	_________	_________
Pension Plan Death Benefits	_________	_________
Profit Sharing Plan Death Benefits	_________	_________
Arrange Appraiser for:		
Real Estate	_________	_________
Name, Address and Tel. of Appraiser	_________	_________
Tangibles	_________	_________
Name, Address and Tel. of Appraiser	_________	_________
Pay Debts:		
Funeral	_________	_________
Doctors	_________	_________
Hospitals	_________	_________
Rent/Mortgage	_________	_________
Income Taxes	_________	_________
Property Taxes	_________	_________
Telephone	_________	_________
Electricity	_________	_________
Nursing Home	_________	_________
Gas	_________	_________
Loans	_________	_________
Credit Cards	_________	_________
Mortgage	_________	_________
Other	_________	_________

24. File Tax Returns (List Due Dates):

US Income Tax for 20__		_________	_________
US Income Tax for 20__		_________	_________
VA Income Tax for 20__		_________	_________
VA Income Tax for 20__		_________	_________
US Fiduc. Inc. Tax for Years:			
	Beginning: _________		
	Ending: _________	_________	_________
VA Fiduc. Inc. Tax for Years:			
	Beginning: _________		
	Ending: _________	_________	_________

US Estate Tax Return:	________	________
VA Estate Tax Return:	________	________
File Extensions of Time for Filing:	________	________

25. List Real Estate for Sale:

Name, Address and Telephone of Broker: ________ ________ ____________________

26. File Inventory with Commissioner of Accounts: ________ ________

27. File Accountings with Commissioner of Accounts for Periods:
Beginning ________
Ending ________ ________ ________

28. Determine Applicability of:
Family Allowance: ________ ________
Exempt Property: ________ ________
Homestead Allowance: ________ ________

29. Debts and Demands Hearing ________ ________

30. Show Cause Against Distribution ________ ________

31. Order of Distribution ________ ________

32. Pay Unpaid Taxes, Claims and Levies ________ ________

33. Prepare Sketch of Final Distribution and Account ________ ________

34. Check with Commissioner of Accounts for Fee on Final Account ________ ________

35. Review Account and Proposed Distributions with Beneficiaries ________ ________

36. Prepare Receipts ________ ________

37. Deliver Assets to Beneficiaries, and Have Beneficiaries Sign Final Account and Receipts ________ ________

38. Submit Final Account to Commissioner for Approval ________ ________

39. File Final Fiduciary Income Tax Returns ________ ________

40. Furnish Beneficiaries with Cost Basis Information on Assets and Provide Tax Advice Letters or Schedules K-1 to Beneficiaries for Their Individual Income Tax Returns ________ ________

41. Submit Termination Notice to Internal Revenue Service Center, Using Form 56 ________ ________

42. Receive Copy of Approved Final Account from Commissioner of Accounts ________ ________