

Information Worksheet

Safe Guard This Information

Decedent Name: _____			
Social Security Number _____			
Primary Address _____			
Mailing Address if Diff. _____			

Date of Birth	____/____/____	Was Decedent ever on	Medicaid Yes No
Date of Death	____/____/____		Medicare Yes No
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	_____	Original - Do Not Remove Staple or Binding	
Last Will & Testament	_____	Original - Do Not Remove Staple or Binding	
Real Estate Deeds	_____	_____	_____
Vehicle Titles	_____	_____	_____
Divorce Decree	_____	_____	_____
All Bills	_____	_____	_____
Representatives ~ Petitioner, Executor or Administrator			
Personal Representative (1) Name	_____	Relationship to Decedent	_____
Driver's License Number	_____	Phone Number	_____
Address	_____	Email Address	_____
	_____		_____

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Personal Representative (2) Name		Relationship to Decedent	
Driver's License Number		Phone Number	
Address		Email Address	
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			

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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			

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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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Description	Estimated Value	Amount Owed	Net Value
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#:			

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Description	Estimated Value	Amount Owed	Net Value
Bonds			
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#:			
Antiques			
Artwork			
Jewelry / Gold / Metals			
Household Furniture			
Collections – Ex. Stamps			
Collections – Ex. Coins			
Collections – Ex. Guns			
Total			

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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#:	
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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