



PRELIMINARY INFORMATION LIST AND SUMMARY OF ASSETS (PILSA)

CONFIDENTIAL

One major task in estate and trust administration is to promptly gather accurate information and it is one in which you will actively participate. This task is typically an ongoing project throughout the administration. This form indicates some of that information which is required initially for the attorney to prepare the petition for administration and other papers that must be filed with the court to “open” the estate. Also, each item of information provided may alert the attorney to special issues that may be dealt with at the outset to avoid future problems. Please complete as much information as possible, as soon as possible, leaving blanks as required to be completed later, and return a copy of this document to the attorney. This information can be supplemented or changed later if more accurate or more complete information becomes available. It is important initially to provide as much information as possible, as early as possible.

If any information does not apply, please so indicate “NA”. If you have questions, please call the attorney. If additional space is required, attach a separate sheet.

CAUTION: It is STRONGLY recommended that you not enter the safe-deposit box unless a representative of this office is present, and a complete inventory should then be made and signed by all who are present.

PRELIMINARY INFORMATION LIST

I. PROSPECTIVE PERSONAL REPRESENTATIVE

Today’s Date: _____

1.01 Name _____

1.02 Mail: Address _____

1.03 Mail: .1) City _____ .2) State _____ .3) Zip _____

1.04 Residence: Street Address _____

1.05 .1) City _____ .2) County _____ .3) State _____ .4) Zip _____

1.06 Telephone: .1) Home _____ .2) Business _____

.3) Cell _____ .4) Other _____

1.07 Email: .1) Business _____ .2) Home _____

1.08 Relationship to Decedent _____

1.09 Interest in Estate _____

II. WILL

2.01 Location of Original Will _____

2.02 Preparer .1) Name _____
.2) Address _____

2.03 Date of .1) Will _____ .2) Codicil _____ .3) Separate Writing _____

2.04 Place of Signing Will .1) City _____ .2) County _____ .3) State _____

2.05 Notary, if any .1) Name _____ .2) State _____

2.06 Witness to Will: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required)

		Will Witness A		Will Witness B		Will Witness C
Name	.1.1		.2.1		.3.1	
Address	.1.2		.2.2		.3.2	
City	.1.3		.2.3		.3.3	
State	.1.4		.2.4		.3.4	
Zip	.1.5		.2.5		.3.5	
Phone	.1.6		.2.6		.3.6	

2.07 Witnesses to Codicil: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.)

		Codicil Witness A		Codicil Witness B		Codicil Witness C
Name	.1.1		.2.1		.3.1	
Address	.1.2		.2.2		.3.2	
City	.1.3		.2.3		.3.3	
State	.1.4		.2.4		.3.4	
Zip	.1.5		.2.5		.3.5	
Phone	.1.6		.2.6		.3.6	

Note: For witnesses to additional Codicils, use separate sheet and place check here

2.08 Did decedent leave written instructions regarding cremation, funeral, disposition of remains, or anatomical donation? Yes No If “Yes” please provide a copy of those instructions.

2.09 Did decedent create any trusts during lifetime? Yes No If “Yes” please provide a copy of each trust document.

2.10 If married, did decedent and decedent’s spouse have a prenuptial or postnuptial agreement? Yes No If “Yes” please provide the original of the document and any amendments.

2.11 Notes, comments, questions, or pending items:

III. DECEDENT

3.01 .1) Full Name (as shown in Will) _____

Any other names(s) (or indicate "none") used by decedent in legal documents (deeds, etc.)

.2) _____

3.02 Place of death (hospital name, home, etc.): .1) _____

.2) City _____ .3) County _____ .4) State _____

3.03 Date of Death (attach copy of death certificate, if available): _____

3.04 Year Florida residence established _____ (attach declaration of domicile, if available)

3.05 Residence: .1) Last residence street address _____

.2) City _____ .3) County _____ .4) State _____

.5) Zip _____

3.06 .1) Age at death _____ .2) Date of Birth _____ .3) Place of Birth _____

3.07 .1) Social Security No. _____ .2) Medicare No. _____

3.08 Names, ages, and addresses of all children (living or deceased) and any surviving spouse.

(Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

Name	Age*	Relation	Address
.1.1	.1.2	.1.3	.1.4
.2.1	.2.2	.2.3	.2.4
.3.1	.3.2	.3.3	.3.4
.4.1	.4.2	.4.3	.4.4
.5.1	.5.2	.5.3	.5.4

*Birth date, if minor

3.09 Names, ages, addresses, and social security numbers of estate beneficiaries (living or deceased). Also, include any named in 3.08 above who are beneficiaries. (Indicate by note any person who is

deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

Name	Age*	Relation	Address	SSN
.1.1	.1.2	.1.3	.1.4	.1.5
.2.1	.2.2	.2.3	.2.4	.2.5
.3.1	.3.2	.3.3	.3.4	.3.5
.4.1	.4.2	.4.3	.4.4	.4.5
.5.1	.5.2	.5.3	.5.4	.5.5

*Birth date, if minor

3.10 How was title to decedent's home or condominium (homestead) owned as shown on deed, mortgage, title policy, or tax bill? _____

3.11 Safe-deposit box (see CAUTION on PILSA page 1);

.1) Name of bank _____ .2) Box No. _____

.3) City _____ .4) State _____

.5) Joint Signatory (if any) _____

3.12 Did decedent have (if "Yes" attach description or explanation):

Assets subject to rapid or severe deterioration or perishable property: Yes___ No___

Assets especially susceptible to theft, destruction, damage, or injury: Yes___ No___

An interest in a partnership: Yes___ No___

A sole proprietorship: Yes___ No___

An interest in a small business corporation: Yes___ No___

Substantial obligations payable within the next 30 days: Yes___ No___

Valuable assets that are presently in the possession of another person or in a location that is not secure: Yes___ No___

3.13 Accountant(s):

1. Decedent's Lifetime accountant

Name _____ Firm _____
Street Address _____
City _____ State _____ Zip _____
Phone: _____ Email _____

2. Accountant subsequently selected to prepare various estate returns

Name _____ Firm _____
Street Address _____
City _____ State _____ Zip _____
Phone: _____ Email _____

3.14 Decedent's stockbroker or investment advisor:

Name _____ Account Number _____
Firm _____
Street Address _____
City _____ State _____ Zip _____
Phone: _____ Email _____

3.15 If decedent was engaged actively in operation of his or her own business, describe business and person(s) now operating business and proposed method of future operation:

3.16 The last personal income tax return (IRS form 1040) filed by decedent was for income received During the year _____ and the return was filed on or about _____, _____ (A copy of the most recently filed return should be furnished to the attorney.)

3.17 Was decedent at the time of death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return.)

Personal income tax return
State _____ Yes _____ No _____ Due Date _____

Intangible personal property tax return
State _____ Yes _____ No _____ Due Date _____

Tangible or commercial personal property tax return
State _____ Yes _____ No _____ Due Date _____

Other (Explain) _____ Yes _____ No _____ Due Date _____

3.18 Lifetime gifts: Did decedent make any lifetime gifts in excess of the annual exclusion amount?
Yes _____ No _____ If "Yes" during what year(s)? _____

Did decedent ever file a form 709 United States Gift Tax Return?
Yes _____ No _____ If "Yes" for what year(s) was a return filed? _____

3.19 What is the approximate total value of all assets belonging to decedent (not jointly owned), including life insurance payable to decedent's estate? \$ _____

3.20 Did decedent have a company pension or profit-sharing plan, annuity, Keogh plan, 401k, or Individual Retirement Account (IRA)? Yes _____ No _____

If yes, describe on Summary of Assets Item 13 below. NOTE: It is important that no election of periodic or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.

3.21 Was there a mortgage on any property in which decedent owned an interest? Yes _____ No _____. If "Yes" please provide a copy of the mortgage or loan documents and payment schedule. See Summary of Assets Item I below.

Name of mortgage creditor _____

Payment address _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Loan number _____ Payable (monthly, quarterly, etc.) _____

Next payment due _____ Amount _____ Approximate balance _____

Legal description of mortgaged property (or provide copy) _____

3.22 Did decedent owe any other obligation (other than credit cards) that requires periodic payments? Yes _____ No _____ If "Yes" please describe below the information requested in the previous question and also whether the obligation is secured by any of decedent's assets.

3.23 If decedent did not operate his or her own business (see 3.15 above), list decedent's occupation or, if retired, his or her former occupation. __

3.24 Did decedent own any real estate in another state or country? Yes __ No __. If "Yes" please indicate the non-Florida location on Summary of Assets Item I below.

3.25 Notes, comments, questions, or pending items:

SUMMARY OF ASSETS

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY OR JOINTLY. As to each listed asset, indicate form of ownership as "J" Joint), "I" (individually), "POD"

or TOD" (payable or transfer on death), TBE (tenants by the entirety), or "UKN" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

1. **REAL ESTATE:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a copy of a document showing the legal description, if available. If the property is rented, provide a copy of the lease or a separate sheet with the name and address of the tenant, date and amount of next rent payment, and ending date of the lease, plus any options to renew. If any of the real estate is outside Florida or outside the U.S., please indicate the state or country.

Address	Type Of Building	Approx. Market Value	Vacant Rented or Occupied	Mortgage Bal. next payment and amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **STOCKS AND BONDS:** (indicate J, I, POD, TOD, TBE, or UKN) If in a brokerage account, provide a copy of the statement covering date of death, if available, and only indicate total value of account.

Company Name	No. of Shares	Approx. Share Value	Approx. Total Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **MORTGAGES AND NOTES RECEIVABLE:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a complete copy of the documents and payment schedule, if available.

Payor name or Address	Original Document Date	Next Pmt. date and Amount	Approx. Current balance
_____	_____	_____	_____
_____	_____	_____	_____

4. **BANK, ETC. ACCOUNTS OR CERTIFICATES OF DEPOSIT:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a copy of a statement that includes the date of death, if available.

Bank	Account Number	Joint Owner If Any	Check, Savings, Cd, etc.	Approx. Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **CASH:** (belonging to decedent)

Location	Person in Possession	Amount
_____	_____	_____
_____	_____	_____

6. **INSURANCE ON DECEDENT'S LIFE:** (provide the attorney with a complete copy of the policy)

Company	Policy Number	Beneficiary	Location of Original Policy	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. **AUTOMOBILES OWNED:** (indicate J, I, POD, TOD, TBE, or UKN) NOTE: *Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS ALSO NAMED AS*

INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.

Make	Model	Year	Lenders name, date and amount of next payment and approx. balance on loan	Approx. wholesale Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. AUTOMOBILES LEASED: NOTE: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS A CO-LESSEE AND IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.

Make	Model	Year	Lenders name, date and amount of next payment and approx. balance on loan	Approx. wholesale Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. JEWELRY, ART OBJECTS, ANTIQUES, FURS, AND OTHER VALUABLE ITEMS:

Description	Location	Person in Possession	Insurance coverage	Approx. Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. OTHER Assets NOT DESCRIBED Above: (indicate J, I, POD, TOD, TBE, or UKN)

Description	Location	Person in Possession	Insurance coverage	Approx. Value
Clothes (if nominal value, indicate)	_____	_____	_____	_____
Ordinary home furniture and furnishings	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. INSURANCE (OTHER THAN LIFE) COVERAGE: (indicate name of additional insured or UKN)

Coverage and Company	Policy Number	Agent	Limits and coverage	Paid through
Automobile (describe)				
Homeowners				
Umbrella				

12. TRUSTS IN WHICH DECEDENT HAD ANY INTEREST: (provide a complete copy, if available)

Current Trustee	Address	Date	Decedents Interest	Approx. Value

13. PENSION, RETIREMENT OR PROFIT-SHARING PLAN, ANNUITY, KEOGH, 401K, IRA: (provide a copy of the pension documents, if available)

Company or Trustee and Account number	Address	Type	Death benefit Amount	Currently in pay status?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Documents requested:

_____ DEATH CERTIFICATE – without cause of death (funeral home supplies these)

_____ PAID FUNERAL BILL

_____ REAL ESTATE DEEDS, if any

_____ VEHICLE TITLES

_____ COPIES OF ANY BILLS/CREDITORS ADDRESSES

_____ LAST WILL AND TESTAMENT, if any (and any CODICIL(s), if applicable)

_____ Check here if there is NO LAST WILL

_____ TRUST AGREEMENT, if any, as amended/restated, as applicable