

PROBATE ADMINISTRATION CHECKLIST

| 1. | Personal Information |
|----|---|
| | Decedent's Full Name |
| | Decedent's Social Security # |
| | Decedent's Address at Death |
| | Year domicile established in this state |
| | Citizenship status at death |
| | Decedent's place of death (e.g., name of hospital) |
| | Decedent's cause of death (compare with information on death certificate) |
| | Length of last illness (compare with information on death certificate) |
| | Decedent's physicians and their addresses |
| | Decedent's date of birth |
| | Decedent's place of birth |
| | Current or, if retired, former business or occupation |
| | Marital status at time of death |
| | Name of surviving spouse |
| | Social Security # of surviving spouse |
| | Date of marriage to surviving spouse |
| | Domicile at date of marriage to surviving spouse |
| | Citizenship of surviving spouse |
| | If decedent was a widow(er), name of deceased spouse |
| | Date of death of deceased spouse |
| | Social Security # of deceased spouse |
| | Decedent's safe deposit boxes |
| | Location |
| | Joint |
| | With whom |
| | Relationship of joint owner to decedent |
| | Name of accountant or tax return preparer |
| | Testate? |
| | Where is Will? |
| | Is will self-proving? |
| | If not, Beneficiaries under Will |
| | Name |
| | Age |
| | Social Security # |
| | Address |
| | Relationship |

| | Executor under Will |
|---|--|
| Social Security #AddressWill he/she/it serve or renounce? Intestate?NameAgeSocial Security #AddressWho will serve as AdministratorNameAddressSocial Security #Who will serve as AdministratorNameAddressSocial Security #Will a bond be required? 2. Inventory of Decedent's Assets and LiabilitiesReal PropertyLocationType of property (e.g., resident, commercial, unimproved land)Title in name ofHow held = solely or jointly (with whom and with or without survivorshipDate AcquiredCost basisFair market value on date of death (indicate accrued rent separately)Mortgage ObligationPayeeOriginal amountCurrent balance of mortgages (indicate accrued interest separately)Payment scheduleChecking and Savings Accounts (Obtain photocopy of signature card for each)InstitutionAccountHow Held (Sole/Joint) | Name |
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| Stocks and Bonds (For government bonds, indicate the type of bond and face |
|---|
| amount under "Issuer" and date of issue under "Description" |
| Issuer |
| No. of Shares |
| Description |
| How Held (Sole/Joint) |
| Date of Death Value (indicate accrued interest separately) |
| Brokerage Accounts (Obtain photocopy of signature card for each) |
| Location |
| Contact |
| How Held (Sole/Joint) |
| Life Insurance Policies |
| Owner |
| Insurer |
| Number |
| Beneficiary |
| Face Amount |
| Policy Loans |
| Tangible Personal Property: clothing, jewelry, home furnishings, collections, |
| automobiles, other. |
| IRA or Pension Plans |
| Bank or Company |
| Beneficiary |
| Relationship |
| Account Number |
| Other Property |
| Cash, Mortgages and Notes |
| Business Interests |
| Income Due Decedent |
| Employee Benefits |
| Annuities, Trusts and Estates |
| Lump Sum Death Benefit |
| Other Property |
| Funeral and Burial Expenses |
| Funeral Home |
| Grave Marker |
| Grave Lots |
| Other (flowers, etc.) |
| Medical and Hospital Expenses |
| Doctor |
| Hospital |
| |

| Other (nurses, etc.) |
|---|
| Household Bills, Charge Accounts and Installment Payments |
| Item |
| Payee |
| Amount Due |
| Other Debts of Decedent (include estimated income tax payments and property |
| taxes) |
| Item |
| Payee |
| Amount Due |
| Mortgages, Notes and Deeds of Trust (indicate only balance due as of date of death) |
| Property Secured |
| Payee |
| Amount Due |
| Additional Obligations |
| Item |
| Payee |
| Amount Due |
| |