

ESTATE CHECKLIST

- Decedent's Full Name: _____
- Decedent's Social Security #: _____ - _____ - _____
- Estate's Taxpayer ID #: _____ - _____ - _____
- Surrogate's Court File #: _____
- Date of Death: _____ / _____ / _____
- Place of Death: _____
- Decedent's County of Domicile: _____
- Date of Will (& Codicils): _____ / _____ / _____
- Date of Trusts: _____ / _____ / _____ _____ / _____ / _____
- Date of Preliminary Letters: _____ / _____ / _____ (Will) _____ / _____ / _____ (Trust)
- Date of Permanent Letters: _____ / _____ / _____ (Will) _____ / _____ / _____ (Trust)
- Summary of Dispositive Provisions

- Date Original Docs. Requested: _____ / _____ / _____ (Will) _____ / _____ / _____ (Trust)
- Date Original Docs Received: _____ / _____ / _____ (Will) _____ / _____ / _____ (Trust)
- Date Documents Filed w/ Court: _____ / _____ / _____ (Will) _____ / _____ / _____ (Trust)
- Date of Door lock Change: _____ / _____ / _____
- Date of Safe Deposit Box Search: _____ / _____ / _____
- Order 10 – 25 Death Certificate Copies: _____ / _____ / _____

FIDUCIARY # 1

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Type of Fiduciary:		
Name & Contact Info of Counsel:		

FIDUCIARY # 2

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Type of Fiduciary:		
Name & Contact Info of Counsel:		



BENEFICIARY (Non-Fiduciary) # 1

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 2

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 3

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 4

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 5

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 6

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) #7

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

BENEFICIARY (Non-Fiduciary) # 8

Name (First) (Middle) (Last)		
Home Street Address (no P.O. boxes)		
City, State, Zip Code		
Beneficial Interest		Social Security #
Relationship to Decedent	Telephone Number	Date of Birth (mm/dd/yyyy)
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
Name & Contact Info of Counsel:		

REAL ESTATE Please list all real property (Residential, Investment, Rental)					Ownership: Decedent or Joint
1.		\$	\$	\$	
	Legal Address	Estimated Value	Cost Basis	Mortgage Balance	
2.		\$	\$	\$	
	Legal Address	Estimated Value	Cost Basis	Mortgage Balance	
3.		\$	\$	\$	
	Legal Address	Estimated Value	Cost Basis	Mortgage Balance	
4.		\$	\$	\$	
	Legal Address	Estimated Value	Cost Basis	Mortgage Balance	

Bank Accounts Savings and/or checking (not brokerage accounts)				Ownership Decedent or Joint
1.			\$	
	Bank Name	Account Number	Account Value	
2.			\$	
	Bank Name	Account Number	Account Value	
3.			\$	
	Bank Name	Account Number	Account Value	
4.			\$	
	Bank Name	Account Number	Account Value	

BANK SAFETY DEPOSIT BOX Please list locations of any bank safety deposit boxes, and indicate who is a signatory to each box.		
1.		
2.		

	Bank Branch where box is located. Include Address, City, State	Box Number	Name(s) of person(s) who can open the box.
NON-RETIREMENT Brokerage / stock accounts			Ownership Decedent or Joint
Include any non-retirement stock or mutual fund accounts, UGMA/UTMAs, 529 Plans or custodial accounts decedent was a signatory on (i.e. accounts for your children).			
1.			\$
	Brokerage Institution Name	Account Number	Account Value
2.			\$
	Brokerage Institution Name	Account Number	Account Value
3.			\$
	Brokerage Institution Name	Account Number	Account Value
4.			\$
	Brokerage Institution Name	Account Number	Account Value
5.			\$
	Brokerage Institution Name	Account Number	Account Value

*If there are any individual **bonds** (i.e. not in mutual funds) please provide us with a copy of them.

RETIREMENT ACCOUNTS		Beneficiaries
Pension / IRA / 401(k) / 403(b) / Annuities / Roth IRA / SEP / KEOGH accounts.		
1.	Company Name	Account Number
	Type of Plan (IRA, 401(k), etc.)	Value of Account
2.	Company Name	Account Number
	Type of Plan (IRA, 401(k), etc.)	Value of Account
3.	Company Name	Account Number
	Type of Plan (IRA, 401(k), etc.)	Value of Account
4.	Company Name	Account Number
	Type of Plan (IRA, 401(k), etc.)	Value of Account

Life insurance			Ownership: Decedent, Trust, Other
Term, Whole Life, Universal Life or Employer Insurance?			
1.			
	Insurance Company Name	Policy Number	
	Type of Policy (Term, Whole, Universal, Business, etc.)	Face Amount of Policy	
	Beneficiary(ies)		
2.			
	Insurance Company Name	Policy Number	
	Type of Policy (Term, Whole, Universal, Business, etc.)	Face Amount of Policy	
	Beneficiary(ies)		
3.			
	Insurance Company Name	Policy Number	
	Type of Policy (Term, Whole, Universal, Business, etc.)	Face Amount of Policy	
	Beneficiary(ies)		
4.			
	Insurance Company Name	Policy Number	
	Type of Policy (Term, Whole, Universal, Business, etc.)	Face Amount of Policy	
	Beneficiary(ies)		

Business Interests				Ownership: Decedent or Joint
Did Decedent own a business? Were they a member of a Limited Partnership, an LLP, FLP, LLC or an S-Corp?				
1.				
	Business Name		Description of Business	
	\$			
	Estimated Value of Business.	% owned	Sole Proprietorship/Partnership/LLC/S-Corp?	
2.				
	Business Name		Description of Business	
	\$			
	Estimated Value of Business.	% owned	Sole Proprietorship/Partnership/LLC/S-Corp?	
3.				
	Business Name		Description of Business	
	\$			
	Estimated Value of Business.	% owned	Sole Proprietorship/Partnership/LLC/S-Corp?	

4.				
	Business Name		Description of Business	
	\$			
	Estimated Value of Business.	% owned	Sole Proprietorship/Partnership/LLC/S-Corp?	

Important Miscellaneous Assets			Location of Asset
Please list any other significant assets not already listed (cars, jewelry, artwork, antiques collection, boats, aircraft, patents, copyrights, etc.)			
1.		\$	
	Description of Asset	Estimated Value	
2.		\$	
	Description of Asset	Estimated Value	
3.		\$	
	Description of Asset	Estimated Value	
4.		\$	
	Description of Asset	Estimated Value	
5.		\$	
	Description of Asset	Estimated Value	