

**CAIN & HERREN, ALC**

A LAW CORPORATION

(CONFIDENTIAL ATTORNEY WORK PRODUCT)

CONFIDENTIAL PERSONAL INFORMATION

If you are a responsible family member of a deceased person who died without a will or have been named as the "executor" or "personal representative" in a deceased person's will, it is advisable that you seek the counsel of an experienced probate lawyer to help you through the probate process. In order to do the best possible job, your attorney needs information about the deceased, the deceased's estate plan, and the deceased's assets and liabilities. At your first meeting with your attorney, you should be prepared to provide, as applicable, the following information:

**NAMES AND ADDRESSES**

Your Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Nos.: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Relation to the Deceased: \_\_\_\_\_

**IDENTITY OF DECEASED**

Name of Deceased: \_\_\_\_\_

Deceased Date of Death: \_\_\_\_\_

Deceased's Date of Birth: \_\_\_\_\_

Deceased's Social Security Number: \_\_\_\_\_

**ESTATE PLAN**

Did the Deceased have an existing Will(s)?

Yes  No

(If yes, provide your attorney with a copy)

Did the Deceased have an existing Trust(s)?

Yes  No

(If yes, provide your attorney with a copy)

**FAMILY INFORMATION**

Was the Deceased's married?  Yes  No

If yes, what is/was the name of the Deceased's spouse?

\_\_\_\_\_

Is the Deceased's spouse still living?  Yes  No

If no, when and where did the deceased spouse die?

\_\_\_\_\_  
\_\_\_\_\_

**Deceased's Children:**

<u>Name</u>	<u>Birth</u>	Indicate Whether Adopted or from a <u>Previous Marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any children received an advance on their inheritance or are any children financially indebted to the deceased?  Yes  No

Any deceased children?  Yes  No

If Yes, Name of Deceased Child: \_\_\_\_\_

Did this deceased child leave any children?  Yes  No

Name of Deceased Child: \_\_\_\_\_

Did this deceased child leave any children?  Yes  No

Deceased's Grandchildren, if any:

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Pertinent Family Information or Explanation of Above Items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL REPRESENTATIVE

Does the will or any other communication from the Deceased indicate who should be Personal Representative ("executor") of the Deceased's estate? (The Personal Representative is responsible for probating the will, paying debts, collecting the assets, and settling the estate.)  Yes  No

If so, who?

\_\_\_\_\_

### SAFE DEPOSIT BOX

Did the Deceased have a safe deposit box?

Yes  No

If so, where? \_\_\_\_\_

Does anyone else have access to the box? Provide name(s):

\_\_\_\_\_

## PROFESSIONALS

Did the Deceased have an attorney? Yes No

If Yes to the above, please give name and address:

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Did the Deceased have an accountant? Yes No

If Yes to the above, please give name and address:

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Did the deceased have a financial planner, investment advisor or insurance agent? Yes No

If Yes to the above, please give name and address:

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## INFORMATION REGARDING THE DECEASED'S ASSETS

1. Estimated net worth of estate: \$ \_\_\_\_\_
2. To the extent possible, collect information and documents regarding the Deceased's accounts held at financial institutions:
3. To the extent possible, collect information and documents regarding the Deceased's investments:
  - Cash or money fund accounts, or certificates of deposit with stock broker firms.
  - Stocks, bonds, and mutual funds where the broker holds the certificates and sent the Deceased periodic statements showing the account balance.
  - Mutual funds where the Deceased dealt directly with the issuing company rather than through a stock broker.
  - Stocks and bonds (other than U.S. Savings Bonds) where the deceased held the certificates in your possession.
  - U. S. savings bonds.

- Treasury bills or other government securities.
- Limited partnerships.
- Oil and gas royalty or working interests.
- Oil and gas mineral rights in land.
- Other securities [describe] \_\_\_\_\_

4. Retirement plans:

- Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferment for deposits and income.
- Employer-provided profit sharing, retirement, or other benefit plans:

5. Real estate:

Personal residence located in state of \_\_\_\_\_

Other property. How many different parcels of real estate did the Deceased own, other than his/her personal residence? \_\_\_\_\_

In what state(s) are these parcels located? \_\_\_\_\_

Was the Deceased purchasing any of the above properties on a contract for deed?  Yes  No.

If Yes, provide details:

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6. Complete this section if the deceased was engaged in business.

Do you own a business, or are you a partner in a business?  Yes  No

If Yes, complete the following:

Business is organized as a corporation. How many corporations? \_\_\_\_\_  
 How many corporations are subchapter S corporations? \_\_\_\_\_

Business is organized as a partnership. How many partnerships? \_\_\_\_\_

Business is a sole proprietorship. How many different firms? \_\_\_\_\_

7. Receivables: If any money is owed to the Deceased, as payments on contracts, where the Deceased sold a business, as payments on obligations secured by real estate, or where the Deceased loaned money to someone and held a note, indicate each type of indebtedness:

Promissory note(s) secured by real estate. Amount(s) owed: \_\_\_\_\_

Installment contract(s) of sale of personal property. Amount(s) owed:  
\_\_\_\_\_

Unsecured promissory note(s). Amount(s) owed: \_\_\_\_\_

8. Life Insurance Policies: For life insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, and the type of policy.

Type of Insurance Company Policy	Face Amount
_____	_____
_____	_____
_____	_____
_____	_____

9. Annuities: Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after the death of the annuitant.

Regular annuities payable for guaranteed minimum  
term or amount:

\_\_\_\_\_  
\_\_\_\_\_

Tax-deferred annuities:

\_\_\_\_\_  
\_\_\_\_\_

10. Personal property other than automobiles, trucks, boats, and trailers:

- Household furniture and appliances
- Collections, art, antiques, valuable jewelry
- Automobiles
- Boats
- Recreational vehicles
- Motor home
- Business machinery and equipment

- Personal equipment and tools
- Farm or ranch machinery and equipment (other than general tools)
- Livestock

## **LIABILITIES**

(Make a list of known liabilities or debts of the deceased.)

## **QUESTIONS**

(Make a list of pertinent questions to ask your attorney.)