
ESTATE WORK SHEET

Deceased's Full Name (including aka's):

Address (mailing and residential):

Township: _____

Village: _____

County: _____

Date of Birth:

Social Security#:

Date of Death:

Occupation:

Retired:

Yes _____ No _____

Cause of Death:

Is there a Will:

Where is it:

Witnesses:

APPLICANT/FIDUCIARY

Name:

Address (mailing and residential):

Phone – Home:

Phone – Work:

Social Security#:

CO-APPLICANT/FIDUCIARY

Name:

Address (mailing and residential):

Phone – Home:

Phone – Work:

Social Security#:

SURVIVING SPOUSE

Name:

Date of Birth:

Address (mailing and residential):

Phone – Home:

Phone – Work:

Social Security#:

MARITAL STATUS

Married _____

Single _____

Divorced _____

Separated _____

Widow/Widower _____

Name of Deceased Spouse: _____

Date of Death: _____

SS# _____

State & County of Estate _____

Estate Case # _____

If Widow or Widower, was a QTIP (Qualified Terminable Interest Property Deduction) elected in the predeceased Spouse's estate? YES _____ NO _____

HEIR INFORMATION

NAME	ADDRESS	RELATIONSHIP	AGE	SS#

A S S E T S

Safe Deposit Box _____	Where _____		
Automobiles (make & model)	mileage		Approx. Value
Household Goods (approx. value) \$ _____		Jewelry (approx. value) \$ _____	
Personal Items (approx. value) \$ _____		Cash \$ _____	

BANK ACCOUNTS

Bank	Acct. # & Type of Acct.	Ownership	Amt.

STOCKS, BONDS, & OTHER Miscellaneous Personal Property

<u>LIFE INSURANCE</u>	<u>PENSION</u>	<u>RETIREMENT INTERESTS</u>	Amount
Company		Beneficiary	

REAL ESTATE:

Owner	Parcel #	Location	Mortgaged	Value

RENTAL INCOME? _____ Parcel # _____ Monthly Pmt.\$ _____

Is there a going business? _____

Is there Fire Insurance on the Buildings? _____

RECAPITULATION

Personal \$ _____ Real Estate \$ _____
Rental \$ _____ **TOTAL ASSETS** \$ _____

D E B T S

Funeral Bill _____
Hospital(s) _____
Doctor(s) _____
Miscellaneous Outstanding Debts _____

DID DECEASED RECEIVE MEDICAID BENEFITS Yes _____ No _____
(i.e. Medical Card, etc.)

If Yes,
have you been contacted by Attorney General's Office? Yes _____ No _____

P R O C E D U R E

Probate Will only _____ Full Administration _____ Bond _____
Release From Administration _____ Summary Release _____
Election of Surviving Spouse _____
Appraisal Necessary _____ Appraiser _____
New Will for Spouse _____ Necessary to file Income Tax Return _____
Will there be an Estate Tax _____

MISCELLANEOUS QUESTIONS

Have they ever paid Personal Property Tax _____ When? _____

Were there any transfers of Property or Interest within **three (3)** years prior to death without an adequate and full consideration in money's worth? _____

Describe and give Date of Transfer and Transferee: _____

IS SURVIVING SPOUSE:

The Natural or Adoptive parent of at least one of decedent's children Yes _____ No _____
The Natural or Adoptive parent of all the decedent's children Yes _____ No _____

Applicant Owes the Estate/Deceased \$ _____
Estate/Deceased owes the Applicant \$ _____

NOTES: