

SLOAN & FELLER
Attorneys at Law



**Probate or Administration of
Decedent's Estate Checklist**

Please fill out the information packet to the best of your ability and bring a copy with you to your appointment.

Probate or Administration of Decedent's Estate Checklist

DECEDENT'S PERSON INFORMATION

First Name: _____ Middle: _____ Last: _____

Also known as (if applicable) _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

DOB: ____/____/____ Date of Death: ____/____/____ Gender: M F

SPOUSE PERSONAL INFORMATION (if applicable)

First Name: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

DOB: ____/____/____ Date of Death (if applicable): ____/____/____

EXECUTOR OR ADMINSTRATOR INFORMATION

Name of Nominated Executor/Administrator: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Cell Phone (____) _____ S.S.N: _____ - _____ - _____

Name of Co-Executor or Alternate Executor named in Will: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Cell Phone (____) _____ S.S.N: _____ - _____ - _____

FAMILY INFORMATION

A. Was the Decedent survived by any children? If yes, please complete:

Name	Address	Phone	Date of Birth

B. Did any child of Decedent predecease him/her? If yes, please complete:

Deceased Child's Name	DOD	Surviving Children (Grandchildren of Decedent)		Address	Phone	Date of Birth

C. If Decedent has no surviving spouse, children, or grandchildren, please list Decedent's living parents and siblings:

Name	Address	Phone	DOB	Relationship

DOCUMENTS NEEDED FOR SUBMISSION TO COURT

- Original Death Certificate for Decedent
- Copies of Death Certificate for Spouse and another Children
- Original Last Will & Testament
- Funeral home receipt, if paid, or else statement of unpaid funeral bill

FINANCIAL

- Has Social Security been notified of Decedent's passing (*if applicable*)? Yes No
- Has retirement been notified of Decedent's passing (*if applicable*)? Yes No
- Can you provide information concerning income, such as pension, annuities, stock dividends, mortgage income, interest income, etc.? Yes No
- Was Decedent receiving Veteran's benefits? If yes, please provide information on benefits. Yes No
- Please provide a copy of the most recent Federal Income Tax Return.
 - Please provide a copy of any gift tax return filed by decedent.
 - Please list any unpaid debt of decedent.

RESOURCES/DATE OF DEATH STATEMENTS

It is going to be the responsibility of the Executor/Administrator to provide statements showing the date of death values of all of the assets of the Decedent, even those that are not subject to the Court's oversight. For example, life insurance policies and any other asset that has a names beneficiary will not be part of the probate estate, but we will still itemize the date of death values for these assets in a report to the Court. Therefore, please gather information on all assets, regardless of whether they jointly owned, have a named beneficiary, or were owned individually by the Decedent.

- All bank accounts
- Life Insurance Policies
- 401Ks
- IRAs
- Mutual Funds

ADDITIONAL RESOURCES

- Savings bonds
- Stock Certificates
- Safety deposit box (Include location & contents)
- Titles to Automobiles/recreation vehicle (including campers, boats, trailers, etc.)

RESIDENCE

- Deed for family residence
- Deed for any other property owned
- Tax bills for any property owned
- Tenant information, if applicable
- Mortgage Information

Where will mail be directed? _____

PERSONAL PROPERTY ITEMS BEQUEATHED IN WILL

Name	Address	Phone	Items of Person Property	Relationship to Decedent

PERSONS OR ENTITIES NAMED IN THE WILL TO RECEIVE ASSETS, NOT ALREADY LISTED ABOVE

Name	Address	Phone	Bequest	Relationship to Decedent