

ESTATE INFORMATION SHEET
Tourkow Crell Rosenblatt & Johnston LLP

DECEDENT'S NAME: _____

DATE OF DEATH: _____ DATE OF BIRTH: _____

DECEDENT'S SSN: _____ TAX ID#: _____

CAUSE #: _____ COURT: _____ COUNTY: _____

TESTATE: _____ INTESTATE: _____

DATE OF WILL (if testate): _____

SELF PROVED WILL: _____ WITNESSED WILL: _____

NAME & ADDRESS OF WITNESSES ON WILL:

1. _____

2. _____

Personal Representative(s)

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE APPOINTED: _____ BOND REQUIRED: _____

RELATIONSHIP TO DECEDENT: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE APPOINTED: _____ BOND REQUIRED: _____

RELATIONSHIP TO DECEDENT: _____

Beneficiaries of Decedent's Estate

NAME OF DECEDENT'S SPOUSE: _____

D.O.D. (if applicable): _____ SS# _____

LIST NAMES, ADDRESS, SOCIAL SECURITY NUMBERS, PHONE NUMBERS,
AND DATES OF BIRTH OF ALL LEGATEES AND DEVICES LISTED ON WILL.
(If Decedent died intestate, list all Decedent's heirs at law).

Name, Address & Phone Number

SS# & DOB

1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____
4. _____ _____	_____ _____
5. _____ _____	_____ _____
6. _____ _____	_____ _____

Vital Statistics

ADDRESS AT TIME OF DEATH: _____

COUNTY AT TIME OF DEATH: _____

YEAR DOMICILE ESTABLISHED: _____

MARITAL STATUS (Check one) () SINGLE () MARRIED () LEGALLY

SEPARATED () DIVORCED () WIDOWED

SURVIVING SPOUSE: _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION, DIVORCE OR SPOUSE'S DEATH: _____

Probate Property of Decedent (Individually or Jointly held)

LOCATION OF LOCK BOX (if any): _____

REAL ESTATE: _____

LEGAL DESCRIPTION OF REAL ESTATE: _____

BUSINESS INTERESTS: _____

BANK ACCOUNTS:

BANK NAME: _____ ACCOUNT #: _____

TYPE OF ACCOUNT: _____ D.O.D. VALUE: _____

BANK NAME: _____ ACCOUNT #: _____

TYPE OF ACCOUNT: _____ D.O.D. VALUE: _____

BANK NAME: _____ ACCOUNT #: _____

TYPE OF ACCOUNT: _____ D.O.D. VALUE: _____

STOCK/BONDS:

COMPANY NAME: _____

CERTIFICATE NO.: _____

D.O.D. VALUE: _____ # OF SHARES: _____

COMPANY NAME: _____

CERTIFICATE NO.: _____

D.O.D. VALUE: _____ # OF SHARES: _____

COMPANY NAME: _____

CERTIFICATE NO.: _____

D.O.D. VALUE: _____ # OF SHARES: _____

MOTOR VEHICLES:

MAKE: _____ MODEL: _____ YEAR: _____

MAKE: _____ MODEL: _____ YEAR: _____

MISC. PERSONAL PROPERTY: _____

Other Pertinent Information

INSURANCE PROCEEDS

COMPANY

PAYEE

1. _____

2. _____

3. _____

NAME & ADDRESS OF DECEDENT'S CPA _____

Expenses

NAME OF FUNERAL HOME & FUNERAL EXPENSES: _____

EXPENSES OF LAST ILLNESS: _____

UNPAID BILLS, MORTGAGES & CHARGES: _____
