

Date: _____

ESTATE ADMINISTRATION FACT FINDER

Decedent's Information

DECEDENT

Address

Social Security #

Date of Birth

Date of Death

Place of Death

Representative's Information

ADMINISTRATOR/ EXECUTOR

Address

Social Security #

Phone Number

TRUSTEE

Address

Social Security #

Phone Number

Family / Next of Kin

SPOUSE

Address

Phone #

Date of Birth

Date of Marriage

Social Security #

PRIOR SPOUSE

Address

Phone #

Date of Birth

Date of Marriage

Date Marriage Ended

CHILDREN: (current marriage)

Name	Address	Phone	Date of Birth	SSN

CHILDREN (previous marriage to _____)

Name	Address	Phone	Date of Birth	SSN

If no surviving spouse or children, names of parents (if living):

Name	Address	Phone	Date of Birth	SSN

If no surviving spouse, children, or parents, names of brothers / sisters (including deceased):

Name	Address	Phone	Date of Birth	SSN

If no surviving spouse, children, parents, brothers, sisters, please indicate the children of the maternal and paternal grandparents:

Name of Grandparents	Name of Children of Grandparents	Address of Children of Grandparent	Phone Number of Grandparents

EMPLOYMENT AT DEATH _____

VA DEATH BENEFIT _____

SOCIAL SECURITY DEATH BENEFIT _____

OTHER PENSION DEATH BENEFIT _____

WAS DECEDENT A MEMBER OF A CLASS ACTION SUIT (ASBESTOSIS)? _____

DID DECEDENT HAVE A WILL? _____

CPA (Name, Address and Phone Number) _____

FINANCIAL ADVISOR (Name, Address and Phone Number) _____

PROPERTY AND CASUALTY INSURANCE CARRIER(S)
(Name, Address and Phone Number) _____

Estate Inventory

BANK ACCOUNTS / CDs

Names on Accounts	Account Number	Bank / Institution	Balance at Death

SECURITIES / BROKERAGE ACCOUNTS

Names on Accounts	Account Number	Bank / Institution	Balance at Death

RETIREMENT PLANS / IRAs

Company / Institution	Policy Number / Account Number	Beneficiary	Amount

LIFE INSURANCE

Company	Policy Number/ Account Number	Beneficiary	Beneficiary

REAL PROPERTY

Names on Deed	Address	Value	Outstanding Mortgage

MORTGAGES OR OTHER ACCOUNTS RECEIVABLE BY THE DECEDENT

VEHICLES

Make	Model	Year	Value	Amount Owed

PERSONAL PROPERTY / COLLECTIONS / ANTIQUES

Brief Description Now **Value**
(Detailed Description Needed Later)

SAFE DEPOSIT BOX

Bank

Location of Key

Contents

PRIOR GIFTS

Donor	Gift	Date	Value	Gift Tax Return Filed

TRUSTS CREATED BY DECEDENT DURING LIFE:

TRUSTS CREATED BY DECEDENT'S WILL (if applicable):

WAS THE DECEDENT A BENEFICIARY OF ANY TRUST DURING HIS/HER LIFE? IF SO, NAME OF TRUST, TRUSTEE(S), TYPE DISTRIBUTION, AND DISTRIBUTION AT END OF TRUST.

CREDITORS AND ANY OUTSTANDING DEBTS/MORTGAGES:

Name of Creditor / Company	Address	Amount Owed	Creditor Notified

ANY OUTSTANDING ALIMONY OR CHILD SUPPORT PAYMENTS? _____

FINAL EXPENSES: _____

FUNERAL EXPENSES: _____

MEDICAL EXPENSES: _____