

ESTATE ADMINISTRATION INITIAL WORKSHEET



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USING THE INFORMATION ON THIS PAGE, PLEASE EMAIL OR FAX THIS WORKSHEET TO US PRIOR TO YOUR INITIAL CONSULTATION OR BRING THIS COMPLETED WORKSHEET TO YOUR 1ST APPOINTMENT

Personal Information Worksheet

1. Decedent's full name: _____
2. Decedent's Social Security #: _____
3. Address at death: _____
4. Year domicile established in this state: _____
5. Citizenship at death: _____
6. Place of death (e.g., name of hospital): _____
7. Cause of death _____
(compare with information on death certificate): _____
8. Length of last illness _____
(compare with information on death certificate): _____
9. Decedent's physicians and their addresses: _____
10. Date of birth: _____
11. Place of birth: _____
12. Current or, if retired, former business or occupation: _____
13. Marital status at time of death: _____
14. Name of surviving spouse: _____
Social Security # of surviving spouse: _____
Date of marriage to surviving spouse: _____
Domicile at date of marriage to surviving spouse: _____
Citizenship of surviving spouse: _____
15. If decedent was a widow(er), name of deceased spouse: _____
Date of death of deceased spouse: _____
Social Security # of deceased spouse: _____
16. Decedent's safe deposit boxes:
Location: _____
Joint: _____
With whom: _____
Relationship of joint owner to decedent: _____

17. Name of accountant or tax return preparer: _____

18. Testate (had a Will) or intestate (did NOT have a Will)? _____

If Testate:

19. Where is Will? _____

Is Will self-proving? _____ If not, Names and addresses of

20. Beneficiaries under Will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
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21. Executor under Will:

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>
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Will he/she/it serve _____ or renounce? _____

If Intestate:

22. Heirs-at-law:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>
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23. Who will serve as Administrator:

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>
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24. Will a bond be required? _____

Preliminary Checklist of Decedent's Property

Decedent Name: _____

1. Cash on hand: _____

2. Uncashed checks:

Payor

Amount

3. Cash on deposit:

Bank

Account Number

Amount

Sole or Joint

4. Stocks and bonds:

Number of Shares/Units

Description

Company/Issuer

Sole or Joint

5. Brokerage accounts:

Location

Account Number

Sole or Joint

6. Notes, secured and unsecured:

Debtor

Amount

7. Automobiles:

Year

Make

Model

Vehicle Identification Number (VIN)

8. Household furnishings:
(attach an itemized list)

9. Other tangible personal property:

10. Insurance payable to Estate:

Company

Policy Number

Amount

11. Insurance payable to named beneficiaries other than the Estate:

Company

Policy Number

Amount

Beneficiary

12. Interest in businesses:

<u>Company</u>	<u>Corporation</u>	<u>Partnership</u>	<u>Proprietorship</u>

13. IRA or Pension Plan Accounts:

<u>Bank or Company</u>	<u>Beneficiary</u>	<u>Relationship</u>	<u>Account No.</u>

14. Real estate:

A. Owned jointly with spouse

<u>County</u>	<u>Description</u>	<u>Tax Value</u>

B. Other

<u>County</u>	<u>Description</u>	<u>Tax Value</u>

15. Gifts made within three years of death:

<u>Donee</u>	<u>Date</u>	<u>Description of Property</u>	<u>Value on Date of Death</u>