

ESTATE PRELIMINARY INFORMATION SHEET

Name of Decedent _____

Address _____

Year Domicile Established _____ Date of Death _____

Place of Death _____

Cause of death and length of last illness _____

Place of Burial _____

Name and address of funeral director _____

Decedent's SS Number _____ Date of Birth _____

Place of Birth _____

Occupation (If retired, state former occupation) _____

Name and address of Physicians^s _____

Hospital in which decedent was confined during last illness _____

Personal Representative _____ SS# _____

Widow's Election _____ Date of Will _____ Witnesses _____

Heirs, Legatees and Devisees:

| | <u>Name</u> | <u>SS#</u> | <u>Relationship</u> | <u>DOB</u> | <u>Address</u> |
|----|-------------|------------|---------------------|------------|----------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |

Safe Deposit Box _____

| Banks Accounts: | <u>Name</u> | <u>Account #</u> | <u>Amount</u> |
|-----------------|-------------|------------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

| Real Estate: | <u>Location</u> | <u>Value</u> | <u>Rent</u> | <u>Title</u> |
|--------------|-----------------|--------------|-------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

Life Insurance:

| | <u>Name of Company</u> | <u>Policy No.</u> | <u>Amount</u> | <u>Beneficiary</u> |
|----|------------------------|-------------------|---------------|--------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

| Creditors: | <u>Name</u> | <u>Address</u> | <u>Amt. owed</u> |
|------------|-------------|----------------|------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |

NOTES: _____

